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# Growing Up Healthy

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's First Years

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# Growing Up Healthy



(place your child's picture here)

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

## Child's Health Insurance Plan and Member Number

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Child's Social Security Number \_\_\_\_\_

If you find this book, please return it to:

Name \_\_\_\_\_

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Phone number (\_\_\_\_) \_\_\_\_\_

Use the last page of this book to keep  
important phone numbers handy.

# Welcome To The World

## Happy Birth Day

New parents have lots of questions. This book will help answer your questions. It has a guide for each visit to the doctor or nurse. For words you do not understand, use the glossary at the back of the book or ask your doctor or nurse. There are places to write down things you want to remember or questions you want to ask.

Baby's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Time of Birth: \_\_\_\_\_ AM/PM

Weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces Length: \_\_\_\_\_ inches

photo

## Your Amazing Newborn

When your baby is born, there is so much he can do!

A newborn can:

- See your face clearly when you hold him in your arms
- Look into your eyes
- Tell your voice from other voices

At birth, your baby enters a brand new world. He is aware of many changes. He sees, feels, smells, hears, and tastes things strongly. Usually, he is very awake for the first hour or two after birth. There are some things you can do during that time for your baby:

- Gently touch your baby — stroke or massage him and hold him next to your skin
- Make eye contact with him
- Talk softly to him while you look into his eyes

Your baby already feels very connected to you. Take time to get to know each other and enjoy being together.

## Your Baby's First Exam

During the first 24 hours, a doctor or nurse will do a physical exam. You can ask to watch. They will:

- Weigh and measure your baby
- Listen to your baby's heart
- Check your baby's body and reflexes
- Check for jaundice
- Check your baby's blood

At the newborn exam, your baby may get her first hepatitis B immunization. You will get a small blue book called the Massachusetts Lifetime Immunization Record. All of her immunizations will be recorded in it. Bring this record to every health care visit. It is very important. Your child will need it for going to child care, school, and camp.

## Talking With the Doctor or Nurse

The doctor or nurse will talk with you about your baby. He or she will talk about feeding, caring for the belly button, car safety seats and what position your baby should sleep in. This is a time to ask your questions. No question is silly or dumb. If you do not understand something, ask your doctor or nurse to explain it to you. Writing down your questions may help you remember. Your doctor or nurse will not know that you have a question unless you ask it. If there are possible problems that need follow-up, he or she will tell you about them.

## Newborn Exam

**Your doctor or nurse may talk about:**

How newborns sleep

When and how to call the doctor or nurse

How to tell if your baby is getting enough to eat

Getting help at home

How to put your baby to bed

**Questions some parents ask:**  
How many wet diapers should I expect over the next several days?

Does my baby need water?

Is it okay to give my baby formula if I am breastfeeding?

How often should I feed my baby?

*Your questions:*

## Newborn Exam

Doctor's name: \_\_\_\_\_

Date of exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

month day year

My child's age: \_\_\_\_\_ days

Birth weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

Discharge weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

Length: \_\_\_\_\_ inches

Head size: \_\_\_\_\_ inches

\*Immunizations: \_\_\_\_\_

Things to remember:

Remember the first well-child visit in 1-2 weeks.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Schedule of hepatitis B vaccine may vary. Ask your doctor or nurse.

## How Do I Get Health Care For My Child?

### Choosing A Doctor Or Nurse

Many people choose a doctor or nurse for their baby before she is born. If you have not already done that, now is the time. You can get help from the hospital, your own doctor, your local health center, or your adoption agency. Your baby will need her first check-up when she is 1-2 weeks old.

Your doctor or nurse is your partner in keeping your child healthy. It is important to be able to:

- Talk comfortably
- Get to appointments
- Reach your doctor or nurse by telephone
- Make decisions together

### Paying For Health Care

Sometimes your choice of doctor or nurse is limited by the health insurance plan. Well-child visits may be covered by your health insurance plan. If you have insurance, call the phone number on your insurance card to find out:

- If your child is covered
- What services are covered
- Which health care providers you can go to

Be sure to register your child.

If your child is not covered or you have no health insurance, you may be able to get free or reduced-fee health care for your child through state and city programs. You can call:

- MassHealth (Medicaid) 1-800-682-1062,  
1-800-841-2900,  
1-800-497-4648 (TTY)
- Children's Medical Security Plan 1-800-909-2677
- Community health centers
- Hospital clinics
- Local boards of health
- If you have problems getting health care for your child or yourself, call the Health Care for All Helpline at  
1-800-272-4252

In addition, immunizations are provided free of charge at many doctors' offices. For more information call: 617-983-6800.

For more information about health insurance for your child, see pages 176-177.

## At The Hospital

While you are at the hospital, ask the nurses about baby care. They can show you how to bathe and diaper your baby, and help you with breastfeeding. Many new parents do not know what to do. Do not be afraid to ask questions. It will take time for you to get to know your baby. Try to limit visitors, so you can rest and spend time with her.

Your stay in the hospital may be short. By law, you have the right to stay for at least 48 hours after a vaginal birth or 96 hours after a Cesarean delivery. If you decide to go home before that time, you may be eligible for a home visit from a nurse. If you feel that you are being discharged from the hospital too soon, you may file an appeal by calling 1-800-436-7757, 1-800-439-2370 (TDD/TTY).

Some insurance plans must cover the hospital costs during your 48 hour (or 96 hour) stay. They are:

- Medicaid/MassHealth
- Healthy Start
- any other state-regulated plan

If you are discharged early, make the first well-child appointment for the first week.

## The Premature Baby

If your baby was born 5 or more weeks before your due date, he may need to be cared for in a special nursery. Ask the nurses any questions you have and for help touching and holding your baby.

Premature babies will grow and develop as well as other babies. Talk to your doctor or nurse about how to care for your baby and make sure he is growing okay. If you have any questions or concerns about your baby's development, you and your doctor can call 1-800-905-8437 for the name of an Early Intervention (E.I.) program in your community. The E.I. program can arrange a free screening or evaluation of your baby. For more information, see pages 46-47.

Premature babies may need to be fed more often than other babies. Small babies need extra help to stay warm. Rather than keeping the room warm, use layers of clothes, so that he will not get too warm or too cold.



## Feeding Your Baby

Breastmilk is a perfect food for babies. It has everything your baby needs. It is easier to digest than formula. Your body will make the right amount of milk for your baby. Breastfed babies:

- Tend to have fewer colds, infections, and other illnesses
- Gain weight more quickly in the first three months
- Have less constipation and fewer allergic reactions
- Have a lower risk of Sudden Infant Death Syndrome (SIDS)

Breastfeeding helps your uterus return to its pre-pregnant size faster. It may also reduce your risk of breast cancer.

You may choose to or need to give your baby formula. There are many reasons why parents use formula. **Make a decision that feels right for you.** You can talk with your doctor or nurse to help you make the best decision for you and your baby.

You can combine breastfeeding and formula feeding. Babies should have ONLY breastmilk or formula until at least four to six months old.

Your partner can help with feeding by bringing the baby to you. Your partner can also prepare and give the baby a bottle. A bottle does not have to be formula—it can be breastmilk that you have pumped.

## Breastfeeding: Getting Started

For the first 2-5 days, your body makes a special kind of breastmilk called colostrum. Then your regular breastmilk will come in. It may take a while for you and your baby to learn how to breastfeed. Do not get discouraged. There are people to help you: maternity nurses and breastfeeding counselors. Call:

- Women, Infants and Children (WIC) Program at 1-800-WIC-1007
- Nursing Mothers' Council at (617) 244-5102
- La Leche League at 1-800-LA-LECHE

### In the Hospital

- Let the nurses know that you are going to breastfeed and would like help getting started.
- Tell the nurses not to give sugar water, formula, or a pacifier to your baby.
- Ask to have your baby stay with you in your hospital room at night or be brought to you when he cries. This way you will know when he is hungry and ready to breastfeed again.

### The First Feedings

- Try to nurse your baby within the first hour after birth. If your baby is sleepy or does not want to nurse right away, try again in a little while.
- If you have had a Cesarean, ask the nurses for extra help with breastfeeding.
- Practice breastfeeding on both sides.
- Remember, breastmilk is the only food your baby needs right now.

## How To Breastfeed

- Breastfeed your baby when he shows signs of hunger, like lip and mouth movements or sucking motions.
- Breastfeed at least 8-12 times in 24 hours.
- Find a comfortable position. Use pillows for support.
- Hold your baby facing you, tummy to tummy.
- Support your breast by placing four fingers under your breast, and your thumb on top.
- Stroke your baby's lips with your nipple.
- Bring your baby to your breast when his mouth opens wide.
- Give your baby as much as possible of the areola (the dark part of your breast around the nipple) to latch on to.
- Listen for suck and swallow sounds.
- When your baby sucks slower (after about 10-15 minutes), you can switch sides. Slide one finger into the corner of your baby's mouth, and he will let go of your breast. You can then offer the other breast.
- Some babies may need to be burped during or after a feeding.
- Allow your breasts to air dry after nursing.
- Try other nursing positions.
- Try to drink a glass of milk, water or juice each time you nurse.
- **Remember, the more often you nurse, the more milk your body will make.**

# Breastfeeding Positions



Cradle Hold



Clutch Hold



Side-Lying

## What To Expect

- In the beginning, your breasts will feel full and heavy. Frequent nursing helps keep your breasts from becoming swollen. If you are very uncomfortable, ask a nurse or breastfeeding counselor what to do.
- Breastfed babies often need to be fed every 1 to 2 hours — this is normal.
- If your nipples get sore, gently rub a little breastmilk on them. Do not use soaps or creams on your nipples. If you are concerned about the pain, call your doctor or nurse.
- At times your baby may want to nurse more often. This could be a growth spurt. Feed her more often for a few days, and your body will make the extra milk she needs.
- If you want to use bottles also, wait for 4-6 weeks. Then introduce a bottle of pumped breastmilk or formula. For more information on pumping and storing breastmilk call the Nursing Mothers' Council or WIC.
- If you are going back to work or school, you can combine breastfeeding and bottle-feeding. You can breastfeed your baby at home. The caregiver can give your baby pumped breastmilk or formula when you are away.
- Avoid caffeine, nicotine, alcohol, and drugs. They get into breastmilk and may cause problems for your baby.
- Check with your doctor or nurse before using any prescription or over-the-counter medications while you are breastfeeding.

## Formula Feeding: Getting Started

If you are not breastfeeding, formula is your other choice. Formula is made to have many of the nutrients found in breastmilk. Start by selecting an iron fortified formula. Formula comes as powder, concentrated liquid, and ready-to-feed. Powder or concentrate are the least expensive. Use only properly prepared formula.

When preparing formula:

- Always wash your hands. Clean bottles, nipples, and utensils with hot soapy water. Rinse well before using, or use a dishwasher.
- Follow the directions on the can. If water is needed, run it for two minutes before using. Once you open and prepare the formula, use it or refrigerate it immediately. Use prepared formula within 48 hours.
- Use powdered formula within one month of opening the can. Use concentrate within 48 hours after opening.

If you warm bottles for your baby, do it in a pan of hot water. Always check the formula to make sure it is not too hot. Shake some on your wrist. It should not feel hot. **Do not use a microwave oven.** This may cause serious burns.

**Make sure that everybody who gives the baby formula follows these directions.**

## How To Give A Bottle

Always hold your baby while she is drinking from the bottle.

- Hold her in a comfortable position.
- Tilt the bottle so that the nipple fills with milk.
- Most babies finish a bottle in 15-20 minutes.
- Burp your baby half-way through the feeding and at the end. If she spits up a lot, it may help to burp her more often.
- If the bottle is not finished when your baby is done, throw away the leftover formula. Do not save it for the next feeding.
- Feed your baby as often as she wants. Babies using formula usually eat every 2 to 4 hours.
- Ask your doctor or nurse if you have questions about nipples, bottles or feeding.
- Prevent “baby bottle tooth decay.” Do not give bottles filled with juice or formula at bedtime or naptime.

It may take a while for breastfed babies to get used to drinking from a bottle.

## How To Tell If Your Baby Is Getting Enough Milk

At first, a breastfed baby will only have a few wet or soiled diapers each day. After five days, he should have 6-8 wet diapers a day. He should also have at least 2-3 bowel movements a day for the first six weeks. Older breastfed babies may have as many as 8 bowel movements a day, or as few as 2-5 a week. Their bowel movements are soft and yellowish.

Formula fed babies have darker and more formed bowel movements. Your doctor, nurse or nutritionist will tell you how much formula to give your baby.

If you have any questions or concerns, call your doctor, nurse, nutritionist or breastfeeding counselor.

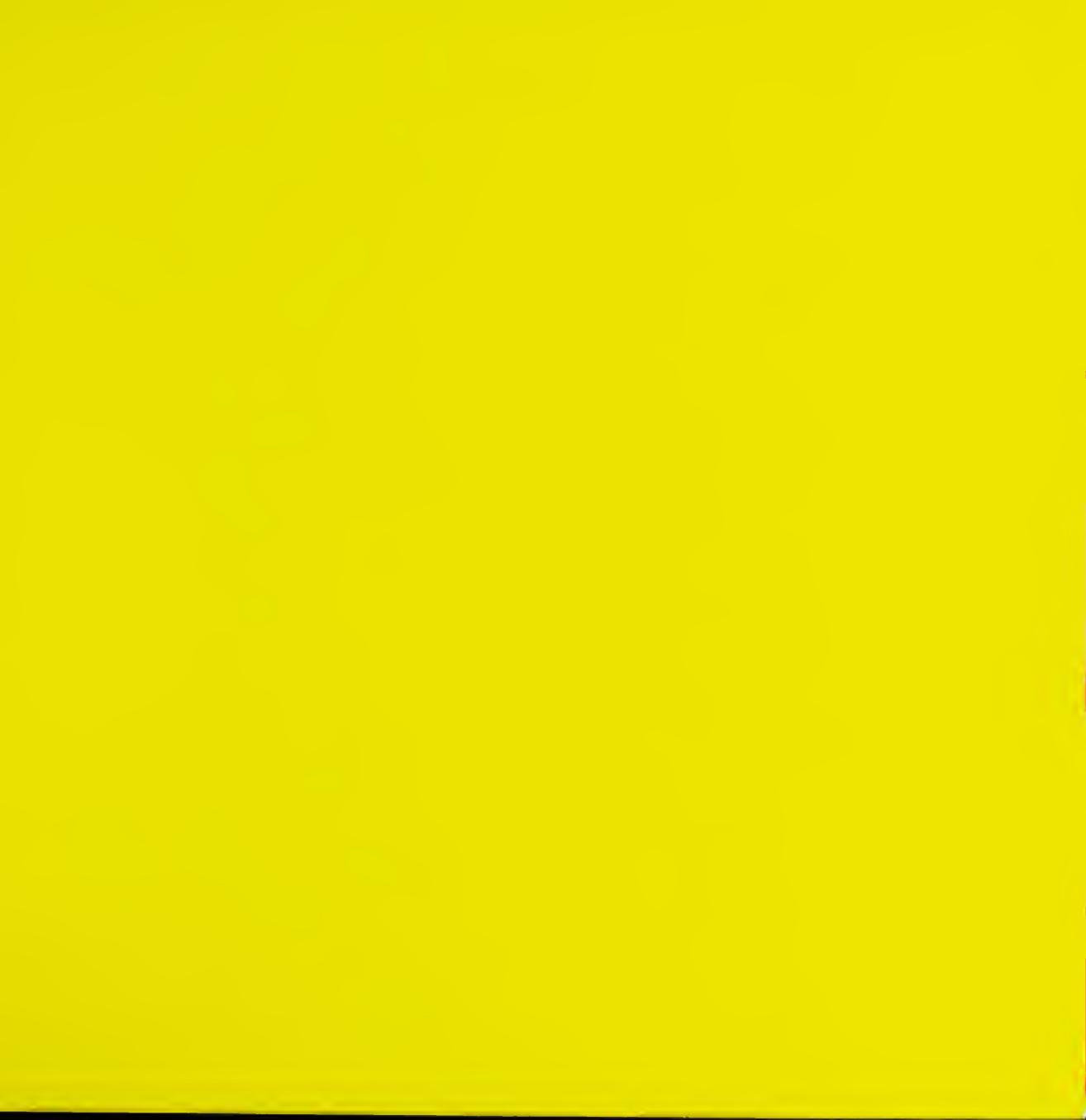
## Burping Your Baby

Burping makes your baby more comfortable by getting the air out of his stomach. Here are three ways to burp your baby:

- Put his head over your shoulder, and gently rub his back.
- Lay him over your lap, stomach side down, and gently rub his back.
- Sit him on your lap, with your hand supporting his chest and head. Gently rub his back.

It is common for babies to spit up a little milk when being burped. After burping, you can clean your baby's gums with a soft, clean cloth.

## Photo Page





# Bringing Your Baby Home

## Safety Seats — Make Sure Your Baby Travels Safely

To keep your baby safe, put her in a safety seat every time she rides in a car or taxi. Holding your baby in your arms will not protect her. Even though you might think you can hold onto your baby during a crash, the force of a crash makes it impossible.

A safety seat cannot protect your child unless you use it correctly. To make sure you install your seat correctly, follow the directions that come with it, or call 1-800-CAR-SAFE. Make sure your baby seems comfortable and her head and body are well supported. You should wear a seat belt, too.

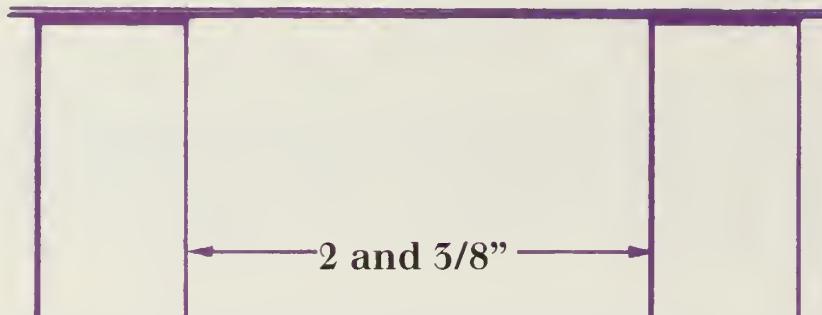
Infant safety seats should face backwards until the baby is at least 20 pounds and one year old. Children should ride in the back seat whenever possible. While it is natural to want to be close to your baby, no baby or young child should be in the front seat. **Never put a baby in the front seat if there is a passenger side air bag.**

If you do not own or can not afford a safety seat, call 1-800-CAR-SAFE to find out about loan programs. Be sure that everyone your baby rides with uses a safety seat correctly.

For more information about safety seats, call the Auto Safety Hotline at 1-800-424-9393.

## A Safe Crib

At first, you may want to have your baby sleep in a bassinet or cradle by your bed. As she grows, move her to a regular crib. Most new cribs meet safety standards, but you should still check your crib. Avoid using an older crib, if possible. If you are not sure if your crib is safe, call 1-800-83-DANNY. Check to see that:



- The slats are no more than 2 and 3/8 inches apart.
- The paint is not peeling and is lead-free.
- The mattress is firm and flat.
- The mattress fits snugly—no more than two adult fingers should fit between mattress and crib.
- The rail height is at least 26 inches above the mattress.

Keep crib sides up and locked whenever your child is in it. Place the crib away from windows, window cords, curtains, space heaters and shelves with things that could fall on the baby. Do not use pillows or quilts in the crib. To reduce the risk of Sudden Infant Death Syndrome (SIDS), put your baby to sleep on her back.

## Caring For Your Newborn

Much of what you need to know about baby care, you will learn by experience. The following information may help.

### **Holding Your Baby**

Your baby will not be able to support her head for a couple of months. Until then, she needs your help. Here are some ways you can hold your baby and offer good head support.



Hold her in front of you, so she can look out at the world.  
Put one hand under her bottom and the other hand across her chest.



Hold her in one arm—with your hand under her bottom, and your arm and elbow supporting her back and head.



Hold her on your shoulder—with one hand on her bottom, the other behind her head and neck.

## Bathing And Dressing

For the first couple of weeks, give your baby sponge baths. Avoid the tub until the umbilical cord has fallen off and the belly button has healed. For a sponge bath, wash your baby on a firm, flat surface such as a changing table or a counter with a towel on it. Keep your baby warm by covering the areas you are not washing.

**Babies get burned easily.** Make sure the bath water is not too hot or too cold. Test it on the inside of your wrist or use a bath thermometer. Be sure the hot water heater in your home is set at 120°F. or less.

Have all your bath supplies ready before you begin.

- Soft, clean wash cloth
- Towels
- Gentle soap and shampoo
- Clean clothes
- Fresh cotton balls

Once or twice a week, shampoo your baby's scalp. Rinse well—keep shampoo out of his eyes.

After the belly button has healed, your baby can have a bath in a tub. Hold your baby securely. Wet babies are slippery. Support his head the whole time. Some babies get upset when put in water, so be patient.

**Remember: Never leave your baby alone, even for a minute. A baby can drown quickly in very little water.**

## To Give Your Baby a Sponge Bath or a Bath in the Tub:

1. Begin with the eyes. Use a cotton ball soaked in warm water and no soap. Gently wash around his eyes, wiping from the nose outward.
2. Use a wash cloth to clean his face. A gentle soap is fine on the face, just not near the eyes. Wipe around his ears, but not inside.
3. Clean his neck, chest, arms, and legs. Be sure to wash under the arms and between skin folds.
4. Clean his genitals and bottom last.
5. Dry him gently with a clean towel.

## Dressing Your Baby

Your baby may squirm while getting dressed. Use clothes that are easy to put on and take off. Clothes with wide neck openings, snap closings, and stretch or knit fabrics are good choices. Open the neck wide before pulling it over your baby's head. Then reach through each sleeve, and pull your baby's hands through. Stretch and pull at the clothes, not at the baby. Dress your baby as warmly as you are dressed. Keep the temperature where your baby sleeps the same as the rest of your home.

## Diapering

Your baby may need a new diaper before or after every feeding, and after every bowel movement. This can mean at least eight changes a day. Parents can choose disposable or cloth diapers. Some children have an allergic reaction to disposable diapers, or to the soaps used to wash cloth diapers. If your child has a reaction, try another brand or type of diaper or soap.

## Umbilical Cord Care

To prevent infection:

- Keep the cord clean and dry.
- Fold the front of the diaper down, so it is below the cord.
- Gently clean the area where the cord attaches with rubbing alcohol.

The cord usually falls off between 1-3 weeks after birth. If the area around the cord looks red, irritated, bleeds, oozes or has a bad odor, call your doctor or nurse.

## Circumcision Care

If your baby has been circumcised, there may be some soreness and bleeding. Put a little petroleum jelly on a gauze pad and wrap it around his penis. Change the gauze pad each time you change the diaper. Staying in a wet diaper will irritate the penis. Healing takes 1-2 weeks.

## To Change a Diaper:

Change your baby often to avoid diaper rash. You will need a clean diaper and a soft, clean, wet cloth.

- Wash your hands.
- **ALWAYS keep a hand on your baby.**
- Take off the old diaper, set aside diaper pins.
- Clean your baby:
  - Girls should be cleaned from the front to the back to avoid spreading germs.
  - Do not pull back the foreskin of a boy who is not circumcised.
- Dry the baby well.
- Put on a clean diaper; wet or soiled diapers should not be re-used.
- Rinse used cloth diapers and place in a diaper pail with a lid.
- Put used disposable diapers in bags and throw them away.
- Wash your hands again.

## Diaper Rash

Most babies get diaper rash at one time or another.

1. Wash the area using gentle soap and water, instead of wipes.
2. Dry thoroughly.
3. Use a diaper rash cream.

If the rash does not get better in a few days, call your doctor or nurse.

## Sleeping



Newborns sleep from 12 to 20 hours a day. Each baby's sleeping pattern is different. At first, babies often sleep more during the day than at night. Your baby may take many short naps or a few long ones. It may take some time for your baby's sleeping pattern to become regular.

When parents lose sleep, it is stressful for the family. If you are too tired, you cannot care for your children well. Try to sleep when your baby does. To encourage your baby to sleep at night, you may need to keep daytime naps short. If you have questions about your baby's sleep, talk to your doctor or nurse.

## **Sudden Infant Death Syndrome (SIDS)**

SIDS is the unexplained death of a healthy baby. SIDS is very rare. It happens most often to infants between two and four months. We do not know the cause, but some things may reduce the chances of SIDS.

- Put your baby to sleep on her back.
- Burp your baby before putting her down to sleep.
- Do not overdress your baby.
- Do not overheat the room.
- Do not use a waterbed. Use a firm, flat mattress.
- Do not put pillows, quilts, comforters, or soft toys in her bed.
- Do not let anybody smoke near your baby.
- Breastfeed.

For more information, call the 24-hour SIDS Hotline at 1-800-641-7437.

**To reduce the risk of Sudden Infant Death Syndrome (SIDS), healthy babies should be placed on their backs for the first six months. If your baby is premature or sick, ask your provider about the best sleeping position.**

## Protect Your Baby From Second-Hand Smoke

Caring for your baby also means protecting her. Keep your home smoke-free. Ask people not to smoke around your child. Babies who are exposed to smoke have more:

- asthma attacks
- ear infections
- colds
- flu
- risk of SIDS
- pneumonia
- feeding problems
- allergies
- hospitalizations

Smoking takes away your energy and reduces the amount of breastmilk a mother makes. If you stopped smoking while you were pregnant, try not to start again. You may be tempted to smoke by the stress of being a new parent. There are many programs that can help you and your family members quit smoking. Ask your doctor or nurse, or call the Smokers Quitline at 1-800-TRY-TO-STOP.

You should **never** smoke while holding or feeding your baby. Make sure that people do not smoke inside your home.

**Smoking causes illness and injury.** Fires happen more often in homes where people smoke. In a fire, babies are hurt more often than anyone else.

## Taking Care Of Yourself

It is easy to forget about your own health when caring for a newborn. Remember, your baby needs *you* to be healthy. Ask your doctor or nurse how to take care of yourself after the birth of your baby. Give yourself time — it takes at least 6 weeks to recover from childbirth. It takes longer if you have had a Cesarean delivery. Limit visits from friends and family.

You may have some discomfort, such as constipation, hemorrhoids, painful urination and soreness. Call your doctor or nurse right away if you have any of the following:

- Bleeding that soaks more than one pad an hour for more than a few hours
- Bright red bleeding after the fourth day after delivery
- New or severe pain
- A temperature of over 100.4° for eight hours
- Any temperature over 101°

## Postpartum Check-Up And Family Planning

Six weeks after delivery is time for your postpartum check-up. Your doctor or nurse will check your recovery. He or she can help you decide about the best method of family planning for you.

You can get pregnant right after your baby is born. Condoms are the best way to prevent another pregnancy before you have your check-up.

**Be sure to get a check-up for yourself every year.**

## You Are Not Alone

Taking care of a baby can be stressful. You may feel exhausted. You will have less time for housework and other things. Caring for your baby and yourself comes first.

All new parents need help and support. You can get help at home, answers to your questions and emotional support. You can find a home visiting program by calling the Children's Trust Fund at 1-800-252-8403. Many other resources are available:

- Your baby's doctor or nurse
- The nurses in the hospital where your baby was born
- Adoption support services, such as the Open Door Society
- Your childbirth instructor or breastfeeding counselor
- Your local Visiting Nurse Association
- New mothers' support groups
- Breastfeeding support groups
- Parenting classes
- Postpartum exercise groups
- Parental Stress Line at 1-800-632-8188

For more information on these and other groups, see "Parenting and Family Support" on pages 163 and 184-186.

If possible, ask family and friends to help out. They can bring a pizza, buy some groceries, take care of your other children or watch your baby while you take a nap.

## Postpartum Depression

New mothers do not always get the help they need. They do not get enough sleep. Taking care of a baby can be lonely. It may be different from what you expected. Adjusting to the changes in your life takes time. You may feel depressed. Some mothers feel guilty about feeling bad.

You need care, just as your baby does. Emotional support can come from friends, family, other mothers, and support groups. You are doing a very important job. You need support to do it.

Sometimes, new mothers have depression that does not go away quickly. **Talk to someone you trust**, if you:

- Think about hurting yourself or your baby
- Feel like you cannot take care of your baby or yourself
- Lose interest in life
- Feel anxious, scared, or hopeless
- Have sleeping problems
- Have a hard time thinking clearly
- Do not want to eat
- Cry easily

Call your doctor or nurse, or the Depression After Delivery Hotline at 1-800-944-4PPD. It is important for both you and your baby to get help.

## Looking Good And Feeling Good

### Eating Right

It is important to eat regularly. Try to eat the recommended number of servings each day. Choose a variety of foods from the picture below.

**Maternal Food Pyramid**



## Vitamins

Continue taking the vitamins you were taking while you were pregnant. To protect your health and the health of future pregnancies, make sure to get 400 micrograms of folic acid every day from the foods you eat and a vitamin. Foods high in folic acid are:

- Asparagus
- Black-eyed peas
- Broccoli
- Cereals with folic acid added
- Collard greens
- Dried beans and peas
- Orange juice
- Spinach

## Staying Fit



Exercise is a great way to relieve stress and get more energy.

**Walk.** It is one of the easiest ways to keep fit. Take your baby for walks.

**Use an exercise video.** There are videos especially for new moms. They may be available at your local library. While you work out, put your baby in an infant seat or on a blanket on the floor. She will probably enjoy the music and your movements.

**Join an exercise class.** Many HMOs, YMCA/YWCAs and health clubs offer postpartum exercise classes. Some programs also offer child care.

## Your New Family

Everything changes when a new baby joins the family. There are new roles and responsibilities for everyone. It takes time for partners and older children, friends and extended family to adjust to the new baby. Your own sense of who you are changes as you become a parent to this child.

Your baby needs lots of attention from you. Other family members may feel left out. Let your family and your baby get to know each other right from the start. If you have a partner, let him or her spend time caring for the baby. Ask them to hold or rock the baby, change a diaper or give a bottle.

Other children in the family may feel that they are not getting enough attention. Try to take special time with your other children. Tell them that you still love them very much, even though you are busy with the baby. Try to include them in your baby's routine and care. You can also read or draw a picture together. A few minutes will mean a lot to a child.

A baby takes a lot of time and energy. It is hard for partners to find time for each other. Try to respect your partner's feelings. Talk to each other. Tell your partner what you need.

There will be some adjustments, but before long, your baby will not feel like a newcomer—she will be family.





## Others Caring For Your Child

There will be times when you decide to ask other people to take care of your child. **Never leave your young child alone.** Sometimes, you may ask a trusted friend or relative to stay with him while you go out. At other times, you may choose to hire someone. You may also place your child in care outside the home. Here are some things to consider when asking someone to care for your child.

### Choosing a Babysitter

It is important to choose someone who is mature and old enough to understand what you expect. Spend some time with the babysitter, to see if you and your child feel comfortable with her. Watch how she cares for and responds to your child. Ask about her babysitting experience, training, and for the names and phone numbers of people you can call for references.

- Give the babysitter a list of instructions, emergency telephone numbers and the telephone numbers where you can be reached.
- Make sure the babysitter knows how to prepare formula and a bottle.
- Ask the sitter not to smoke and to keep your child away from places where there is smoking.

You may be eligible for financial assistance for child care. For more information about this Department of Transitional Assistance program, call your DTA office or the Child Care Resource and Referral Network at 1-800-345-0131. If you leave your child in someone else's home, make sure the home is safe. See page 69 about childproofing.

## Choosing Out-Of-Home Child Care

Many parents put their children in child care so they can work or go to school. **Choose a program that has been licensed by the state Office of Child Care Services (OCCS).** These programs are legal, meet certain standards and are monitored. You can call OCCS at 617-626-2000 for a report of proven complaints against a provider.

The Child Care Resource and Referral Network can tell you which providers have openings and about programs to help pay for child care. Call 1-800-345-0131.

Children can be cared for in two kinds of licensed programs: **family day care and child care centers.** Family day care is provided in someone's home. The groups of children in child care centers are larger, but may be closer in age than in family day care.

Before you choose a program, spend some time there. See if you and your child feel comfortable. Talk to parents of other children that use or have used the program. Their experiences can help you make this important decision. Only choose someone you trust.

Leaving your child at any age may be hard for all of you. It takes time for everyone to adjust. Caregivers are trained professionals. They are there to help you and your child. If, at any time, you are concerned — visit the program and talk to the caregiver. A good program will always let you in to see what is going on.

## Choosing Child Care Checklist

- Do the children seem happy?
- Are the space, equipment, and materials clean and safe?
- Are there enough materials and equipment? Are they right for your child?
- What kinds of training and experience do the adults have?
- Does the staff work well together? How does the morning staff communicate with the afternoon staff?
- How will staff help your child begin the program?
- What is the discipline policy? Does it fit with yours?
- Look for pictures, books, puzzles and games that show family and cultural differences.

- How are sick children cared for? How are the other children and staff protected?
- Will the program meet the special needs of your child and your family?
- How can parents be involved? Are there advisory committees, workshops, support groups or social events?
- Is the program accredited? This means that the program is better than minimum standards.
- Are there enough adults to take care of the children?

In **family day care**, there should be at least one adult for 6 children. If there are 7-10 children, there should be at least 2 adults.

In a **child care center**, there should be at least 2 adults for 7 infants or 9 toddlers (15 months - 32 months) or 1 adult for 10 preschoolers (33 months - 6 years).

*When looking for care for an infant or toddler, ask:*

- Can you breastfeed there? Will you be able to bring pumped breastmilk?
- Are infants always held when bottlefed?
- Are children kept in cribs and high chairs for long periods of time?
- Is the program flexible or will your child be required to fit into a group schedule?





## Your Growing Child

Each baby has his or her own personality. Watch, listen, hold, talk and play with your baby. Pay attention. Parents and children teach each other.

When a child's needs are met, he will develop a sense of trust. A child must feel safe in his world to feel secure. A child who feels safe will learn and grow by trying new things. Your child's doctor or nurse can always help you with questions about your growing child.

### This section has:

- A place to write down when your child does things for the first time
- What to do if you are concerned
- A special place for each well-child visit to the doctor or nurse
  - What your child may be able to do at each age
  - What you can do to help your child
  - Things to do together
  - A place to write memories
  - Common concerns
  - What to expect at each visit
  - Questions to ask your doctor or nurse
  - A place to write down things you want to remember
- What your child needs to start school
- A place to write down other health information about your child. See pages 110-113.

## For the Very First Time

My child:	Date	Age
Smiles		
Laughs		
Coos		
Rolls over		
Holds a toy		
Responds to his or her name		
Sits alone		
First tooth		
Crawls		
Pulls up to stand		
Stands alone		
First word:		
Walks holding on		
Puts two words together		
Waves "bye-bye"		
Walks alone		
Scribbles		
Drinks from a cup		

My child:	Date	Age
Sings a song		
Eats with a spoon		
Can answer "What is your name?"		
Reads first picture book		
Names shapes: circle, square, triangle		
Names colors: red, blue, yellow		
Counts to five		
Names people in pictures		
Walks upstairs without help		
Builds a block tower		
Dresses self		
Pedals a tricycle		
Draws shapes		
Washes hands and face		
Brushes teeth		
First day of school		
Loses baby tooth		

## Your Child's Development

If you have concerns about your baby's development, talk to your doctor or nurse. You can also call the Early Intervention (E.I.) Program. E.I. is a statewide program for children from birth to age 3. They can help evaluate your child's development. These services are provided at no cost to you.

Children may be eligible for Early Intervention services who:

- Were born premature
- Show feeding, vision, or hearing problems
- Have difficulty sitting, standing, walking, talking
- Have difficulty doing things for themselves
- Show behavior or attention problems
- May be at risk because of where they live
- Were born with a disability or health condition that affects development

Early Intervention helps parents understand their child's developmental needs and teaches them ways to help their child grow. In addition to evaluations, services include:

- Home visits
- Parent-child groups
- Parent support groups
- Group and individual sessions to meet educational goals
- Toddler groups
- Parent education
- Referrals

E.I. services are provided by a team which has: speech, physical, occupational and family therapists; nurses; social workers; and teachers. The team works with the family to determine what type of help is needed and to put together a plan for your child. To find out about the E.I. program nearest you, call: 1-800-905-8437.

If your child is over three years old and you have concerns, talk with your doctor. You can ask your local school department to evaluate your child for special education services. The school department should make sure your child gets the services he needs.



## A Healthy Baby Needs Primary Care

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Primary care is the regular health care your child gets from a doctor or nurse. A **well-child visit** is a regular visit to a doctor or nurse when your child is healthy. Well-child visits help to keep your child healthy by preventing problems or treating them right away. When your child is as healthy as he can be, you will both be able to do the things you want.

### What is a primary care provider?

Your primary care provider may be a:

- *Pediatrician* — a doctor who cares for children and adolescents
- *Family Physician* — a doctor who cares for people of all ages
- *Nurse Practitioner* — a nurse who cares for children or whole families
- *Physician Assistant* — a provider who cares for children or whole families

Your primary care provider will:

- Provide regular check-ups, immunizations, and tests
- Follow your child's growth and development
- Give you suggestions for keeping your child healthy
- Treat your child when he is sick
- Refer you to specialists, benefits or services

## Talking With Your Child's Primary Care Provider

You know your child better than anyone else. Your child's doctor or nurse needs your help to give your child the best care. It is your provider's job to listen to your concerns and to answer your questions. It is your job to speak up for your child.

If you want more information, *ask your provider*. No question is silly or dumb. If you do not understand something, ask your provider to explain it to you. Your child's doctor or nurse will not know that you have a question unless you ask it. It can be helpful to write down questions ahead of time. Some doctors have a special call-in time each day to answer questions.

Information about your family may help your doctor or nurse care for your child. He or she will keep this information confidential. Tell your provider about:

- Your health
- Your family's health
- Concerns about:
  - Discipline and behavior
  - Drug and alcohol use
  - Physical, emotional and sexual abuse
  - Stress, separation, loss, or trauma
- Any visits to hospitals, emergency rooms or other doctors
- Anything else you feel is important

## Family Health History

It may be important to tell your baby's doctor or nurse about your family's health. If you have an adopted or foster child, you may not have this information. Write down as much as you get from the adoption agency or birth parents.

List the family members (parents, brothers and sisters, grandparents, aunts, and uncles) who have had any of the following:

Family Member	Family Member
Allergy	Hepatitis
Anemias	High blood pressure
Arthritis	Immune disorders
Asthma	Learning problems
Cancer	Metabolic disorders
Cystic Fibrosis	Rh disease
Diabetes	Tuberculosis
Eczema	Other conditions requiring medicine or treatment:
Epilepsy	
Genetic disorders	
Glaucoma	
Hearing disorders	
Heart disease	
Hemophilia	

Other conditions you may want to talk about with your child's doctor or nurse include mental illness, smoking, alcohol and drug use.

## Recommended Schedule for Well-Child Visits



In the first year of life, your child should have a well-child check-up at 1-2 weeks, 2, 4, 6, 9 months and one year. After that, take your child at 15 and 18 months, and once a year from ages 2-21. Your doctor or insurance plan may recommend a different schedule.

Immunizations are part of many well-child visits. By age 2, your child should be immunized against these diseases:

- diphtheria
- *Haemophilus influenzae* type B (Hib)
- hepatitis B
- measles
- mumps
- pertussis
- polio
- rubella
- tetanus
- varicella (chickenpox)

**Always remember to bring your baby's immunization record!**

## One Week

### Your Baby May:

Look at your face  
Respond to your voice and  
other sounds  
Hold your finger  
Suck on her hand  
Sleep more during the day  
than at night

### What You Can Do:

Rest when your baby sleeps  
Keep your baby safe when  
washing her  
Make sure your baby's crib is safe  
Hold your baby so she can see  
your face  
Keep your baby protected from  
extreme weather

### Things To Do Together

- Hold and cuddle your baby.
- Sing and talk to her.
- Watch how she responds to your eyes and your voice.
- Stroke and massage her.

### Memories

*Write down things you would like to remember about your baby.*

## Common Concerns

### Crying

Crying is one way babies communicate. All babies cry—some cry more than others. It is common for babies to have a fussy time in the evening. Babies often cry the most around six weeks old. If your baby seems to be in pain, call your doctor or nurse. Never shake your baby.

Holding your baby will not spoil her. Your baby will learn that someone cares about her. The following things may help calm your baby.

- Cuddle, comfort, or rock her
- Talk and sing to your baby
- Feed her
- Burp your baby
- Carry her in a baby carrier—the kind you wear
- Change her diaper
- Take her for a ride in the stroller or car
- Walk with your baby
- Play soothing music

It is normal to feel stressed when a baby is crying. Know when you are beginning to feel anxious. Have some ideas planned for when this happens. For more ways to cope with crying, see page 57.

## One to Two Week Check-Up

**Your doctor or nurse may talk about:**

How your baby is growing

Getting enough support at home

How you are feeling about the baby

How to take a temperature

How to know if your baby is getting enough to eat

Fluoride supplements for your baby

**Questions some parents ask:**  
What does it mean when my baby is crying?

How do I know if my baby is sick?

Should I do anything about my baby's dry skin?

When can I take my baby on a trip?

*Your Questions:*

## One to Two Week Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_  
days or weeks

Weight: \_\_\_\_ pounds \_\_\_\_ ounces

Length: \_\_\_\_ inches

Head size: \_\_\_\_ inches

Things I want to remember about this visit:

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

## One Month

### Your Baby May:

Recognize familiar voices  
Lift his head briefly  
Cry when hungry, cold, wet, or lonely  
Stay awake for more than one hour  
Move arms and legs around  
Coo  
Look at faces and follow them with  
his eyes

### What You Can Do:

Accept help from others  
Schedule your own  
postpartum check-up  
Learn ways to cope with  
your baby's crying  
Put pictures of interesting  
shapes and patterns  
safely around the crib

### Things To Do Together

- Use your baby's name when you talk to him.
- Talk and sing to your baby.
- Carry him around with you.
- When your baby coos, talk back to him.
- Give your baby lots of hugs and smiles.

### Memories

## Common Concerns

### Coping With Crying

Most of the time holding your baby or speaking to him will comfort him. If nothing works and you start to feel out of control — take a break. Even if it means leaving the baby to cry for a few minutes. Put the baby in a safe place, like the crib, and go to another room. Put on some music, turn on the television, or take a shower. Check your baby every five minutes. For help at any time, call the Parental Stress Line at 1-800-632-8188.

Shaking a baby will NOT stop the crying. Babies' brains are very fragile. Shaking can cause brain damage, blindness and death. Whatever you do, never hit or shake your baby.

If your baby cries a lot, try to get help from friends and family. Ask them to watch the baby while you take a break. You can ask your baby's doctor or nurse about crying. They will have other helpful ideas. Do not feel guilty about asking for help. You and your baby will be glad you did.

Your baby will cry less as he gets older — it will not last forever. For more information on crying see page 53.

## One Month Check-Up

**Your doctor or nurse may talk about:**

Your baby's weight gain

How to protect your baby from the sun

Keeping your baby away from tobacco smoke

How you feel about the changes in your family

*Your Questions:*

**Questions some parents ask:**  
When should I call the doctor if I am concerned about my baby?

What can I do when my baby will not stop crying?

Should my baby have fluoride or vitamin supplements?

## One Month Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_\_  
weeks

Weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

Length: \_\_\_\_\_ inches

Head size: \_\_\_\_\_ inches

Immunizations:\*

Other health screenings: \_\_\_\_\_

Things I want to remember about this visit:

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

\* Schedules may vary. Your doctor or nurse will make recommendations.

## Two Months

**Your Baby May:**  
Make gurgling and sighing sounds  
Smile back when you smile  
Grasp toys  
Lift head and turn head to one side  
Turn body from side to back

**What You Can Do:**  
Give her a safe, light rattle to hold  
Take an infant CPR class  
Continue to support your baby's head  
Lie her on her stomach when she is awake to develop movement skills  
Do not hold hot liquids while holding her  
Try to fit exercise into your schedule

### Things to Do Together

- Put her close to you in an infant seat. Do not put the infant seat on a bed or soft surface, where it may turn over.
- Greet your baby with a smile and her name. Talk to her about what you are doing and seeing. Copy and repeat the sounds she makes.
- Read to your baby.
- Begin a bedtime routine such as a bath, a story, a song and going into the crib.
- Play with different things she can touch: a stuffed animal, a wooden block, a metal spoon.

### Memories

## Common Concerns

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### What Kinds Of Toys Are Good For A Baby?

Many low-cost toys and household objects will be fun for your baby. She may enjoy:

- Brightly colored mobiles or pictures placed out of reach
- Soft, light, sturdy rattles
- Cloth or vinyl picture books
- A mirror that cannot break
- Washable dolls and stuffed animals without loose parts

Babies like to put everything in their mouths. It is very easy for a baby to choke on small things. Do not let your baby have a rubber balloon. Balloons are the toy that babies choke on the most. The shiny (mylar) balloons are okay.

#### To find out if a toy is too small:

Drop it into an empty toilet paper tube.

If it is small enough to fall through the tube, it could cause choking.

Do not let your baby play with any toys that are too small.

For more information on preventing choking, see pages 138-139.

## Two Month Check-Up

### Your doctor or nurse may talk about:

Possible reactions to the shots your baby gets

How your baby is growing

How your other children are reacting to the new baby

The right temperature for your baby's room

### *Your Questions:*

**Questions some parents ask:**  
How should I talk to my baby?

How do I find child care when I need it?

What is colic?

Is it okay to follow advice from family and friends?

## Two Month Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_\_  
months

Weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

Length: \_\_\_\_\_ inches

Head size: \_\_\_\_\_ inches

Immunizations:\*

### Things I want to remember about this visit:

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

\* Schedules may vary. Your doctor or nurse will make recommendations.

## Four Months

**Your Baby May:**  
Lift his head and chest  
Roll over  
Laugh and squeal with delight  
Hold hands open  
Bring hands together and hands to mouth  
Drool  
Reach for a toy

**What You Can Do:**  
Check smoke detectors  
Listen to your baby and copy his sounds  
Talk to him during feeding and dressing  
Keep your baby's clothes and blankets loose enough for moving in new ways  
Try to take a break each day and do something for yourself

### Things to Do Together

- Hold his favorite toys close in front of him. Let him practice reaching.
- Help your baby get used to other adults, like a babysitter, friends and family. Let others hold and talk to him.
- Read nursery rhymes and sing songs.
- Ask your baby questions, such as "Would you like to go for a walk?"

### Memories

## Common Concerns

### Warning About Baby Walkers



Baby walkers can be dangerous. Every year almost 30,000 children get hurt in baby walkers. Many injuries are caused by babies falling down the stairs or tipping over. Baby walkers do not help a child learn to walk. In fact, they may even slow down walking, because the walker does the work, instead of the child. Think about using a seat that looks like a walker, but has no wheels. Your baby can stand, bounce, look around, and stay safe.

***Walkers are not recommended***, but if you use a walker make sure to:

- Never leave your baby by himself in a walker
- Block off stairways and close doors
- Keep the walker away from uneven floors or carpet edges
- Never use a walker in rooms with hanging appliance cords, ovens, ironing boards, space heaters, or fireplaces

## Four Month Check-Up

### Your doctor or nurse may talk about:

Possible reactions to the shots your baby gets

Not giving bottles in bed

Sleeping patterns

Setting routines for your baby

Making eye contact with your baby

Introducing solid food

### *Your Questions:*

Questions some parents ask:  
What does drooling mean?

How do I know if my baby is hearing?

When will my baby start to get teeth?

What should I feed my baby?

## Four Month Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_\_  
months

Weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

Height: \_\_\_\_\_ inches

Head size: \_\_\_\_\_ inches

Immunizations:\*

### Things I want to remember about this visit:

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

\* Schedules may vary. Your doctor or nurse will make recommendations.

## Six Months

### Your Baby May:

Know her own name  
Push up onto hands while  
on stomach  
Sit and balance for a short time  
Stretch out her arms to be  
picked up  
Try to put her feet in her mouth

### What You Can Do:

Use your baby's name often  
Offer your baby breastmilk,  
formula, water or some juice  
in a cup  
Do something nice for yourself,  
such as call a friend or go to a  
movie

### Things to Do Together

- Play peek-a-boo.
- Go out together often. Name people, animals, and things you see.
- Offer your baby toys from above, behind, or below. Encourage her to stretch, turn and crawl.

### *Memories*

## Common Concerns

### Childproofing — Making Sure Your Home Is Safe

- Cover all electrical outlets.
- Keep all cords, sharp knives and scissors out of reach.
- Put safety latches or locks on all cabinets and drawers with dangerous things, such as cleaning products, alcohol and drugs, medicines and vitamins, and make-up.
- Make sure your home is lead-free. See pages 129-130.
- Put gates on all stairways.
- Keep doors to the bathroom, other stairs, and outside closed tightly.
- Make sure the hot water temperature in your home is under 120°F.
- Make sure there is nothing that she can pull down, such as tablecloths, pots, electrical cords.
- Keep all rubber balloons, small and sharp toys, and plastic bags away from your baby.
- Put the number for the Poison Control Center, 1-800-682-9211, next to your phone.
- Keep a bottle of Syrup of Ipecac in your medicine chest. Only use this if the Poison Control Center or your doctor or nurse tell you to.
- If you own a gun, keep it unloaded and locked up. Lock up bullets in a separate place.
- Install window guards at all windows above the first floor. See page 134.

When you take your child to other places, they may not be childproof. You will need to watch her extra carefully. To keep your child safe:

- Make sure your child is in a safe space.
- Make sure a trusted adult is always with your child.

## Six Month Check-Up

### Your doctor or nurse may talk about:

Protecting your baby from falls, choking and poisonings

Teething

Checking for lead in the home

Your baby's personality

Fear of strangers

Sleeping through the night

### *Your Questions:*

### Questions some parents ask:

When will my baby sit up or crawl?

Does my baby need to eat at night?

Does my baby need to wear shoes?

## Six Month Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_  
months

Weight: \_\_\_\_ pounds \_\_\_\_ ounces

Height: \_\_\_\_ inches

Head size: \_\_\_\_ inches

Immunizations: \_\_\_\_\_

### Things I want to remember about this visit:

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

\* Schedules may vary. Your doctor or nurse will make recommendations.

## Nine Months

### Your Baby May:

Get up on his hands and knees  
Crawl or move by scooting on  
his belly  
Be attached to a special blanket  
or toy  
Move a toy from hand to hand  
Be afraid when away from you  
Drop or bang toys to see what  
happens  
Put everything in his mouth  
Look at picture books  
Pull to a standing position  
Wave bye-bye

### What You Can Do:

Name the things your baby  
squeals for—say “crackers,”  
as you hand them to him  
Allow your baby to feed himself  
with his fingers and make a mess  
Keep daily routines simple  
Let your baby give you a toy  
Provide lots of safe space for  
exploring  
Get together with other parents  
and children  
Take older children some place  
special  
Go to a parenting class

### Memories

## Common Concerns

### Activities to Do Together

Your baby is now ready to take an active role in exploring his world.

- Roll a ball to your baby.
- Sing and dance with your baby to all kinds of music.
- Look through a magazine or picture book, pointing at and naming the objects you see—baby, dog, car, flowers and so on. Your baby will enjoy looking at colorful pictures and learning new words.
- Let your child play with small pots and pans, strainers, spoons, and plastic measuring cups.
- Play “pouring and dumping games.” Your child may like emptying a box or bucket. Outdoors, use a bucket or cup with sand or water. Indoors, use water in the bathtub, or small blocks or other things that are too big to choke on. At first, your child may not be ready to put things back. This can become part of the game as he gets older.



## Nine Month Check-Up

### Your doctor or nurse may talk about:

Keeping the Poison Control number by the phone

Feeding new foods

Mealtimes

Giving your baby extra iron if needed

**Questions some parents ask:**  
What are good toys for my baby?

How can I help my child feel better when I am leaving?

Should I brush my baby's teeth?

### *Your Questions:*

## Nine Month Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_\_  
months

Weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

Height: \_\_\_\_\_ inches

Number of teeth: \_\_\_\_\_

Immunizations:\*

Lead screening: \_\_\_\_\_

Things I want to remember about this visit:

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

\* Schedules may vary. Your doctor or nurse will make recommendations.

## One Year

### Your Baby May:

Take a few steps alone  
Repeat behavior that gets  
attention  
Drink from a cup  
Pick up small things  
Point with her finger  
Try to climb stairs

### What You Can Do:

Keep a regular bedtime routine  
Give her chances to play alone and  
with others  
Praise her  
Test smoke detectors  
Use bicycle helmets on you and your  
baby when going for a ride

### Things to Do Together

- Help your baby to touch your eyes, nose and mouth with her hands. Name each body part.
- Look for stories with animal pictures. Make animal sounds: moo, oink, quack, and meow.
- Play hand games like pat-a-cake and peek-a-boo.
- Let the baby sit with the family during meals.
- Put on music and dance with your baby.

### Memories

## Common Concerns

### Helping Your Baby Learn Words

Your baby will start saying simple words such as “mama” and “dada”. In time, she will point and name people and things. Then she will say two or more words together. These are her first sentences. The two most important things are:

*Talk to your baby.*

*Read to your baby.*

- When she says a word or sound, repeat it back to her.
- When sounds happen around the house, talk about them. “I hear the telephone ringing.”
- Tell her what you are doing. “I am buckling your safety belt.”
- Label things. “Look at the brown dog.”
- Use picture books and magazines. Tell stories or point out people doing everyday things. “The family is eating pizza.”
- Ask questions. “Do you want more apricots?”
- When she points to something, encourage her to say the word. “Do you want the cookie or the cup?” Repeat the word as you give it to her.
- Avoid baby talk.
- It is okay to use two languages in your home. Babies do not get confused.

## One Year Check-Up

**Your doctor or nurse may talk about:**  
Ear infections

Your child's daily routine

Using whole milk

Constipation

Keeping your child away from smoke

Preventing injuries

*Your Questions:*

**Questions some parents ask:**  
How can I be sure my child is safe at the pool or beach?

How can I get my baby to obey me?

How do I help my child learn words?

## One Year Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_  
years      months

Weight: \_\_\_\_ pounds \_\_\_\_ ounces

Height: \_\_\_\_ inches

Number of teeth: \_\_\_\_

Tuberculosis test: \_\_\_\_

Immunizations: \* \_\_\_\_

### Things I want to remember about this visit:

Large empty rectangular box for notes.

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

\* Schedules may vary. Your doctor or nurse will make recommendations.

## Fifteen Months

### Your Toddler May:

Eat with a spoon  
Copy other people  
Listen to a story  
Like to pull or push toys  
Say "No," as a way to feel independent  
Point to things he wants  
Mark paper with crayons

### What You Can Do:

Use the same rules all the time  
Use the right size car seat  
Be honest — say what you mean  
Respect when he says "No"  
Cut hood strings out of clothes to prevent choking  
Tell your baby when you are happy with his behavior

### Things to Do Together

- Hold and cuddle your toddler — tell him you love him.
- Sing songs with hand movements such as "Itsy-Bitsy Spider."
- Name feelings: sad, scared, happy, angry.
- Practice going up and down stairs, staying close by.
- Take short walks. Be careful near dogs, driveways and streets.
- Let him touch a wet towel, a rough tree, a soft blanket. Go outside to feel rain, snow, grass, and bricks. Name the different feelings.
- Introduce him to other children.

### Memories

## Common Concerns

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### Growing Independence

As your toddler grows, he will want to try lots of things for himself. This is a necessary part of growing up. He is excited about the world. He wants to find out all about it.

As a parent, your job is to make safe places for him to explore. Imagine how he feels — happy when things go his way, unhappy when they do not. Give him a chance to do things for himself. Let him make his own mistakes. This is the way he will learn. You can offer to show him how to do it or to help.

When you need him to do something, give yourself plenty of time. Toddlers go at their own pace.

- Prepare him to finish what he is doing. Tell him: “It will be time for your bath in a few minutes.” Remind him again.
- Give him simple choices when possible. “You can wash your hands in the bathroom or in the kitchen.”
- Do not ask questions that can give answers you do not want. “Will you clean up your toys now?”

There will be times when children cannot do what they want to do. These times might turn into **temper tantrums** — a toddler’s way to show frustration or anger. For more information about dealing with tantrums, see page 162.

## Fifteen Month Check-Up

### Your doctor or nurse may talk about:

Reading to your child

Communicating honestly with your child

What you can expect your child to be able to do

Showing your child how to resolve conflicts without hitting

Teaching your child to cope with disappointments

Joining a play group

### *Your Questions:*

### Questions some parents ask:

What should I do when my child says “No”?

When can I begin teaching my child to use the toilet?

What can I do if my child is constipated?

## Fifteen Month Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_  
years      months

Weight: \_\_\_\_ pounds \_\_\_\_ ounces

Height: \_\_\_\_ inches

Number of teeth: \_\_\_\_

Tuberculosis test: (if not done at one year) \_\_\_\_

Blood screening: \_\_\_\_

Immunizations:\*

### Things I want to remember about this visit:

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

\* Schedules may vary. Your doctor or nurse will make recommendations.

## Eighteen Months

**Your Toddler May:**  
Say 15-20 words  
Use 2 or 3 words together  
Look at pictures and name things  
Throw a ball  
Follow simple directions  
Listen to a story  
Give hugs and kisses

**What You Can Do:**  
Discuss rules with family members  
Give her 2 simple choices — “Do you want milk or juice?”  
Brush your child’s teeth  
Get a potty  
Do not expect her to share her toys  
Get non-toxic paint, clay, crayons, and markers for your child

### Things to Do Together:

- Take short family trips — to a zoo, an aquarium or a children’s museum.
- Do simple chores together. Have her put clothes in the laundry basket or put away boxes of cereal or paper towels.
- Encourage make-believe. Pretend cooking with pots and pans or use old clothes for dress-up.
- Let her explore safe places. Let her try new activities.

### Memories

## **Common Concerns**

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### **Activities to Do with Your Toddler**

Young children learn by playing. You and your child can:

- **Make homemade clay.** Mix 3 cups flour, 1 cup salt, 3 tablespoons oil, and about 1 cup of water with your hands. Add food coloring. Add more water until the dough is soft and smooth. After using, keep in a container with a lid. It will last a few weeks.
- **Make giant blocks.** Your child can color paper grocery bags. Stuff the bags with crumpled newspaper. Fold the opening down to make a box shape. Tape it shut.
- **Make bubble solution.** Mix 4 cups water , 1/2 cup liquid dish detergent, and a tablespoonful of corn syrup.
- **Make finger paint.** Mix 1/2 cup cornstarch and 1 cup cold water. Pour into 3 cups boiling water. Keep boiling water away from your child. Stir until shiny. **DO NOT ALLOW HER TO PLAY WITH IT UNTIL COOL.** Add food coloring. Finger paint on trays or special shiny paper.

## Eighteen Month Check-Up

### Your doctor or nurse may talk about:

Changing to a toddler safety seat in the car

Letting your child make choices

Limit TV watching

Napping

Feeding your child healthy foods

### *Your Questions:*

### Questions some parents ask:

Is it normal for my child not to share toys?

How do I set rules that are right for my child?

Is my child getting enough to eat?

## Eighteen Month Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_  
years      months

Weight: \_\_\_\_ pounds \_\_\_\_ ounces

Height: \_\_\_\_ inches

Blood screening: \_\_\_\_\_

Immunizations: \* \_\_\_\_\_

Things I want to remember about this visit:

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

\* Schedules may vary. Your doctor or nurse will make recommendations.

## Two Years

Your Toddler May:

- Go up and down stairs one at a time
- Kick a ball
- Want to do more things without help
- String large beads
- Begin to dress and bathe himself
- Be ready for toilet training

### What You Can Do:

- Show interest in his activities
- Expect him to play beside others more than *with* them
- Help your child use words to express feelings
- Expect him to be frustrated when things do not go his way
- Try not to say “no” all the time
- Use praise often

### Things to Do Together

- Sorting things is fun. Cut or tear out magazine pictures. Sort the pictures into groups. “Let’s make a pile for big things and another one for little things.” Ask questions about the pictures.
- Help your child find ways to calm down—give him simple, quiet things to do, such as coloring, reading, or playing with clay or puzzles.

### Memories

## Common Concerns

### How Do I Know if My Child is Ready for Toilet Training?

Sooner or later your child will be ready to use the potty or toilet. You cannot make him ready. Your job is to watch for signs that it might be the right time. Being ready means several things. Your child may be ready when he or she:

- Stays dry for at least 2 hours at a time, or wakes up dry after naps
- Follows simple directions
- Has bowel movements that come at about the same time each day
- Lets you know by words or sounds that he is about to have a bowel movement
- Is uncomfortable in dirty diapers
- Can pull his pants on and off
- Shows an interest

Toilet training is something your child will do when he is ready. Talk with your doctor or nurse for help. There are also books and videos for you and your child to look at. Be sure that your child learns to wash his hands after using the toilet.

Toilet training can be slow. Problems come when parents feel that training is not happening fast enough. Let the child set the pace. Be patient.

## Two Year Check-Up

**Your doctor or nurse may talk about:**

Vision and hearing

Masturbation

Choosing TV shows, movies and games that are okay

Your family's health habits

*Your Questions:*

**Questions some parents ask:**  
How can I encourage good behavior?

What can I do when my child is having a tantrum?

When should my child see the dentist?

## Two Year Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_  
years      months

Weight: \_\_\_\_ pounds

Height: \_\_\_\_ inches

Tuberculosis test: \_\_\_\_\_

Blood test: \_\_\_\_\_

Hearing screening: \_\_\_\_\_

Vision screening: \_\_\_\_\_

Immunizations: \_\_\_\_\_

Things I want to remember about this visit:

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

\* Schedules may vary. Your doctor or nurse will make recommendations.

## Three Years

**Your Child May:**  
Know her name  
and age  
Draw shapes  
Dress herself  
Ask "Why?" a lot  
Pedal a tricycle  
Play with others  
Play make-believe

**What You Can Do:**  
Find out about preschool programs  
Make a dentist appointment for your child  
Go to story hours and children's museums  
Be patient when she asks "Why?"  
Give a simple answer  
Teach your child to use a bike helmet  
Use correct words for body parts  
Go to the local library; get her a library card

### Things to Do Together

Try out clean and safe playgrounds. Look for ones with:

- soft surfaces
- rubber or canvas swings
- climbers with more than one way to climb up and down
- slides no higher than five feet
- platforms with guardrails
- no peeling or chipping paint
- no spaces for fingers and hands to be pinched

### Memories

## Common Concerns

### Make-Believe

A new kind of thinking develops in most three-year olds — imagination. Play gives many chances to use imagination. Your child can pretend to be a parent, a bear or a baby. She can imagine that a shoe is a car, a telephone, or a bottle. Pretend play allows a child to become what she cannot be in real life. Pretend play helps learning.

Your child may have an imaginary friend. This friend can do the things a child dreams about. Imaginary friends are common. Do not be concerned. Respect your child's privacy. Imaginary friends give your child a safe way to try out who she wants to be.

An active imagination is healthy, even when it includes changing the truth. A make-believe story might begin as a way for your child to feel safe. Your child is trying to take care of things the best way she knows how. Try to understand what is happening and respect her feelings. If you react harshly, your child could become fearful.

## Three Year Check-Up

**Your doctor or nurse may talk about:**

Toilet training

Giving your child some choices and control

Choosing a preschool program

Your child's speech

Changes or stresses in your family

*Your Questions:*

**Questions some parents ask:**

Is it okay if my child enjoys playing indoors more than playing outside?

What can I do about my child's fears?

Is it okay for my child to masturbate?

## Three Year Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_  
years      months

Weight: \_\_\_\_ pounds

Height: \_\_\_\_ inches

Vision screening: \_\_\_\_\_

Hearing screening: \_\_\_\_\_

Speech development: \_\_\_\_\_

Blood pressure screening: \_\_\_\_\_

Immunizations:\*

Things I want to remember about this visit:

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

\* Schedules may vary. Your doctor or nurse will make recommendations.

## Four Years

**Your Child May:**  
Understand that other people have feelings too  
Make friends  
Show a sense of humor  
Brush teeth with help  
Test limits  
Make up rhymes

**What You Can Do:**  
Teach your child how to express feelings with words  
Provide safety scissors, paper, crayons and glue for artwork  
Limit TV to one hour a day, or less  
Ask about his daily activities

### Things to Do Together

- Talk to your child about protecting himself. He should never go with strangers. He should tell a trusted adult if anyone touches him in an uncomfortable way.
- After your child watches a TV program, talk to him about it. Ask him what part he liked best.
- Teach your child that different people come from different cultures. Go to festivals and celebrations in your community.

### Memories

## Common Concerns

### Helping Your Child Feel Good About Himself

Self-esteem or self-image means how we feel about ourselves. It is important for your child to feel that he is loved and wanted. Children with high self-esteem often:

- Do better in school
- Cooperate well with others
- Know how to show their emotions
- Form friendships more easily
- Make healthier decisions

Take time to be with your child

Tell your child that he has the right to strong feelings

Find ways for your child to succeed

Praise his successes and encourage him for trying

Avoid name-calling or labeling

Teach him about his family traditions and culture

Give hugs and affection

Treat your child the way you want to be treated—with respect

## Four Year Check-Up

**Your doctor or nurse may talk about:**

Being ready for school

Teaching your child about strangers

How well people understand your child's speech

Dental cavities

What your child likes to do

*Your Questions:*

**Questions some parents ask:**

How can I get my child to stop using bad words?

Is it okay to let my child play at someone else's house?

What should I do if my child sucks his thumb?

## Four Year Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_  
years      months

Weight: \_\_\_\_ pounds

Height: \_\_\_\_ inches

Vision screening: \_\_\_\_\_

Hearing screening: \_\_\_\_\_

Blood pressure screening: \_\_\_\_\_

Immunizations: \* \_\_\_\_\_

### Things I want to remember about this visit:

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

\* Schedules may vary. Your doctor or nurse will make recommendations.

## Five Years

### Your Child May:

Choose her own friends  
Know her address and phone number  
Play simple board games  
Draw a person  
Recognize letters and numbers  
Be left- or right-handed  
Skip, skate, jump rope

### What You Can Do:

Sign your child up for school  
Give her time to adjust to her new school  
Read for your own enjoyment  
Speak with her teachers often  
Teach her to cross streets safely  
Ask your child about her day  
Get involved with school activities

### Things to Do Together

- Bike ride, ice skate, roller skate with the right clothes and safety equipment. Always wear a helmet.
- Make books. Ask her to tell you a story. Write it down in her own words. Ask her to add pictures.
- Practice counting things in your home. Count the chairs, pillows, mirrors, or toothbrushes.
- Prepare her for starting school. Read books about going to school. Visit the new school together. Ask her how she feels about it.

### Memories

## Common Concerns

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### Getting Ready for School

Before your child starts school, most learning happens during play. Being ready for school is more than knowing letters and numbers. Children need to feel secure at school and being with others.

- Encourage her to do lots of different things
- Give her chances to be away from you
- Encourage her to dress and use the bathroom herself
- Let her take care of her own things
- Teach basic safety rules such as crossing streets, riding buses, and playing safely
- Encourage her to say what she needs and wants
- Give her chances to play with others, take turns and share toys
- Let her do things on her own
- Encourage her to finish tasks

All children are different—even children from the same family. School is a place for your child to keep growing—at her own pace. If she feels good about herself and with others, she will learn.

## Five Year Check-Up

**Your doctor or nurse may talk about:**

How your child is growing

Concerns about your child's personal safety

Wearing a seat belt in the car

What happens in your family when there are disagreements

*Your Questions:*

**Questions some parents ask:**

How can I help my shy child when she starts school?

How much sleep should my child be getting?

What chores can I give my child to do at home?

## Five Year Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_\_  
years      months

Weight: \_\_\_\_\_ pounds

Height: \_\_\_\_\_ inches

Tuberculosis test: \_\_\_\_\_

Immunizations: \* \_\_\_\_\_

Things I want to remember about this visit:

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

\* Schedules may vary. Your doctor or nurse will make recommendations.

## Six Years

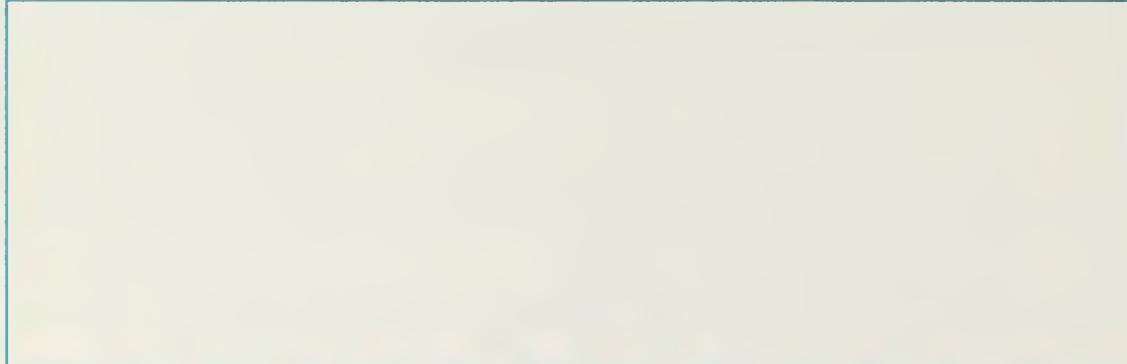
**Your Child May:**  
Do regular chores  
Read some words  
Play games with rules  
Start a hobby  
Have a “best” friend  
Be more patient  
Talk about feelings more clearly

**What You Can Do:**  
Give your child simple jobs  
Get to know your child’s friends and their families  
Provide a quiet place for him to read, write, draw, and do homework  
Make sure he is in a safe place after school  
Give praise for a job well done

### Things to Do Together

- Teach your child how to answer the telephone. Make sure he does not tell strangers who is home and who is not. Teach him to dial 911 in an emergency.
- Find out about local teams, classes and recreational groups. Visit them. Try out new activities before joining.

### Memories



## Common Concerns

### Physical Activity

Children love moving around. Exercise will help shape your child's body and his sense of self. It gives your child coordination and balance, strength, speed, flexibility, and an awareness of himself in space. If he is part of a group, he will learn cooperation and responsibility for others.

As your child gets older, he may become more social, more coordinated and better able to follow rules. He may want to take lessons or join organized sports. Dancing classes, biking and hiking groups, or neighborhood basketball can all offer him a chance to develop physically.

Some children prefer group activities such as soccer, basketball or baseball. Others like individual ones such as tennis, dance, gymnastics or swimming. Your child may try several activities before he finds the one he most enjoys. It may not be the activity he is best at or the one you imagined for him. Having fun is what counts.

## Six Year Check-Up

**Your doctor or nurse may talk about:**

How your child likes school

How much exercise your child gets every day

Your child's friendships

**Questions some parents ask:**

What can I do to help my child do well in school?

How should I talk about sex with my child?

What can I do if my child's teacher says he has trouble sitting still?

### *Your Questions:*

## Six Year Check-Up

Date of visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      doctor or nurse

My child's age: \_\_\_\_\_  
years      months

Weight: \_\_\_\_\_ pounds

Height: \_\_\_\_\_ inches

Blood pressure screening: \_\_\_\_\_

Other screenings: \_\_\_\_\_

Immunizations:\*

Things I want to remember about this visit:

Next visit: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year      time

\* Schedules may vary. Your doctor or nurse will make recommendations.

## Keeping Your Child Healthy At School

The school nurse is a partner in keeping your child healthy and ready to learn. It is important for the school to have information about your child's health.

You will need to give the following to the school:

1. A record of a **physical examination** no more than six months before school starts. Your doctor or nurse can give you a written record of the exam to give to the school. Or, you can get a copy of the Massachusetts School Health Record form from the school nurse and ask your provider to fill it out.
2. A record of your child's **immunizations** — you can use the Massachusetts Lifetime Immunization Record, if it is up-to-date.
3. Proof that your child has been **tested for lead poisoning**.
4. Your telephone numbers, the numbers of another person to contact in case of an emergency, the name of your child's doctor or nurse, and the name of your health insurance plan.
5. If your doctor or nurse thinks that your child might be at risk for Tuberculosis (TB), a test will be done to check for TB. These results will be reported to the school nurse.

If your child has a special health condition, it is important to meet with the school nurse before your child enters school. Together you can develop a health care plan for your child. This way your child's health needs can be taken care of during the school day.

There are special procedures if your child needs medicine or treatments at school. The school nurse cannot give your child any medicines or treatments without your consent and a doctor's order.

If your child seems to be having trouble in school, talk to your child's teacher and doctor or nurse. There are many things that can be done to help your child. Your family, the school and your doctor or nurse can work together to make the best plan for your child.



## Important Medical Information

Use the next four pages to write down health information about your child.

### ALLERGIC REACTIONS

Date	Problem	Medicine or Treatment	Name of Doctor or Hospital

## SERIOUS ILLNESSES

Date	Illness	Treatment	Name of Doctor or Hospital

## CHRONIC MEDICAL PROBLEMS

## HOSPITALIZATIONS

Date	Reason	Name of Doctor or Hospital

## Photo Page





# Keeping Healthy

## When to Call the Doctor

You should call your child's doctor or nurse any time you are concerned or have questions. When you call the doctor, have the following information ready:

- Your child's temperature and how you took it
- The phone number of your drug store
- Your health insurance number

Call your doctor or nurse right away, if your child has any one of these symptoms:

- Any fever, for babies under 3 months
- A fever of:
  - 101°, for babies 3-12 months old
  - 103°, for children 1 year or older
- Any fever that causes limpness
- A stiff neck or convulsions
- A lot of vomiting or diarrhea
- A very bad headache or pain
- A hard time staying awake
- Possible poisoning
- Any burn
- A lot of bleeding
- Blood in the urine or bowel movements
- A hard time breathing or very fast breathing

**Call your doctor within 24 hours if your child has any one of these symptoms:**

- Any fever that lasts for more than 3 days
- Fever with repeated vomiting
- Rash
- Cough that lasts more than 2 days or makes it hard for your child to sleep
- Sore throat that lasts more than 2 days

These are guidelines. Always call your doctor or nurse if you are worried, even at night or on weekends. If you think your child needs to be seen right away, call your doctor or nurse. They will tell you where to take your child. If you do not call first, you may be asked to pay for all services at a hospital emergency room.

**If you do use the hospital emergency room:**

- Be prepared to wait
- Know if your insurance plan will cover this type of visit
- Bring your immunization record

## How to Take a Temperature

You can use a digital or glass thermometer. If you have a glass thermometer, shake it until the temperature is below 96° F. and follow the instructions below. If you use a digital thermometer, it will “beep” when it is time to read it. There are three ways to take a child’s temperature:

- Rectal (between the buttocks)—for infants,
- In the armpit—for infants and children,
- In the mouth—for children 5 years and older.

### The Rectal Temperature

The rectal temperature is the most accurate. First dip the narrow end of a digital thermometer or the bulb end of a rectal thermometer in petroleum jelly. Then, lay your child on your lap, with his bottom facing upwards. Hold the thermometer between your thumb and other fingers. Gently insert the bulb end into the rectal opening an inch. Only push as far as it will slide in easily. Keep the thermometer in for 2 minutes and *do not let go*.

### The Armpit Temperature

The armpit temperature is a little less accurate, but it can be easier to take. Remove your child’s shirt, and insert the narrow end or bulb in the center of the armpit. Hold your child’s arm and press it to his side. Keep the thermometer in place for 4-5 minutes.

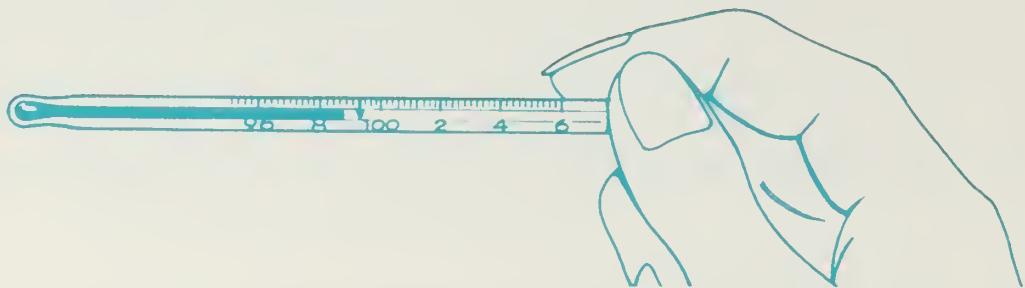
## The Oral Temperature

When your child is old enough, usually around age five, to keep the thermometer under his tongue without biting down, you can take a temperature by mouth. Place the narrow end or bulb end under the tongue, and keep it there for 2-4 minutes with the mouth closed.

## Reading the Thermometer

To read a glass thermometer:

- Hold it in a good light and turn it until the numbers and marks are on your side
- Turn it a little more, and you will see a thick silver line under the numbers
- The point where the line ends is the temperature



Be careful if a glass thermometer breaks — the silver liquid inside is mercury, a poison. Do not let your children touch it.

**Temperature strips** that change color or give you a number when placed on the skin are not accurate. **Ear thermometers** are expensive but quick and reliable if used correctly. Carefully follow the instructions on the package.

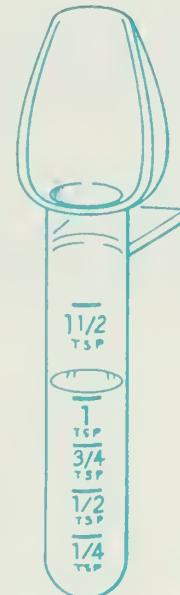
## How to Give Medicine

When giving medicine, be sure to:

- Check with your doctor before giving any medicine.
- Use the right amount, or dose, at the right time. For the right dose, ask your doctor.
- Check the date on the bottle or package. Do not use medicines after the expiration date.
- Always give all the medicine the doctor says, even if your child seems better.
- Never call medicine "candy".
- Be patient. Many children do not like medicine.
- Never leave medicine where your child can reach it. Keep caps tightly closed.

### By Mouth (Orally)

- Read the label carefully to find out how much and when to give the medicine.
- Measure the exact amount you need. Use a medicine spoon or medicine dropper, which are available at drugstores.
- If your child spits up the medicine, ask your doctor what to do.
- If your child has trouble taking pills, crush them into little pieces, and mix them with applesauce or ice cream.



## **Ear Drops**

- Lay your child on his side, and gently pull his ear toward the back of his head.
- Give the exact number of drops prescribed.
- Try to keep child in the same position for one minute to allow drops to flow into ear.

## **Eye Drops or Ointment**

- Lay your child on his back, put your finger below his eyes, and gently pull down the lower eyelid.
- Put the drops or ointment in the lower lid, or into the eye without touching the eye or eyelid with the dropper or tube.

## **Nose Drops**

- Lay your child on his back.
- Put in the right number of drops.
- For nose sprays, your child can sit up or stand.

## **Suppositories**

Suppositories are medicines that are put in your child's rectum. **Do not give your child a suppository without specific instructions from your doctor.**

## Healthy Teeth

All baby teeth and some permanent teeth are formed before birth. Starting at birth, it is important to care for your child's teeth.

### Birth to Six Months

- After feedings, you may want to clean your baby's gums with a damp, soft, clean cloth.
- Sucking pacifiers and fingers is natural. Keep them clean. NEVER dip them in honey or sweet substances. NEVER tie the pacifier around your baby's neck — it is dangerous.
- The first teeth usually appear between 6 and 12 months. Signs of teething may include: drooling, chin or face rash, biting or gumming things, runny nose, crying, pain and irritability, fussiness at night or at feedings, and diarrhea. These signs could also mean that your baby is sick. Call your doctor or nurse if you are worried.
- For teething babies, give them something to chew on. Try a chilled teething ring, a clean, frozen cloth or a teething cookie. DO NOT USE numbing gels or alcohol on your baby's gums.
- Ask your doctor or nurse about fluoride supplements. Fluoride prevents cavities.

## **Six to Twelve Months**

- Prevent “baby bottle tooth decay.” Do not give bottles filled with juice or formula at bedtime or naptime.
- Start brushing your baby’s teeth with a soft toothbrush after feedings. Do NOT use toothpaste. It is not good for your baby to swallow toothpaste.
- Avoid sweet and sticky snacks, such as dried fruit, raisins, or candy. Offer small pieces of fruit, vegetables, and cheese as snacks.
- If you do give sweets, give them at one time and not all day long.
- If your child has an injury or is bleeding from the mouth, call your doctor right away.

## **Beyond Twelve Months**

- Once your child is able to spit on his own, use pea-sized amounts of fluoridated toothpaste.
- If you give your child mouthwash, make sure it is alcohol-free.

## **Between Ages Three and Five**

- If your child has not had an exam at the dentist by age three, she should have one now.
- She should get a cleaning every six months, unless your dentist recommends a different schedule.
- If your child is sucking her thumb or fingers at the age of five, gently begin encouraging her to give up the habit.

You can find a dentist by asking your child’s doctor or nurse, your local community health center or by calling the Massachusetts Dental Society at 1-800-342-8747. MassHealth pays for dental care services at participating dentists. Some health maintenance organizations (HMOs) and other health insurance plans pay for some dental care services. Some families may be eligible for dental care at certain health centers.

## Healthy Ears

It is important to make sure your child's ears are healthy. Babies and children with hearing problems can have speech and language problems, too. Some babies are born with hearing problems. Some children may begin to have hearing problems as they grow older. Hearing problems can be temporary or permanent. They can happen because of ear infections, injuries, or disease.

The doctor or nurse will screen your child's hearing at well-child visits. Talk to your doctor or nurse if your child does not respond to sounds. Look for these signs:

- A family history of hearing problems
- Illness, injury, drugs, or medications during pregnancy
- Premature birth
- Physical problems at birth
- Meningitis
- Frequent rubbing or pulling of ears
- Ear infections, colds, or allergies at least once a month

An ear infection can be very painful. Possible signs are: fever, headache, vomiting, crying, pulling at the ear, holding the head or a bad smelling discharge from the ear. If you think your child might have an ear infection, call your doctor or nurse right away. If medicine is prescribed, be sure to use it all up or follow your doctor's directions.

## Healthy Eyes

Your child should get a vision screening from a doctor or nurse at her check-ups. Screening is an easy and painless way to find vision problems. If a problem is found, your child will need a complete eye exam.

You must also watch for possible problems. Your child will not know if she has a vision problem. Be sure to tell your doctor or nurse if your child has any of these signs.

- Blinks or rubs eyes a lot
- Tilting the head
- Squinting
- Tripping, falling or bumping into things
- Difficulty using small toys or tools
- Putting her head very close to playthings
- Crusty, red or watery eyes

### To help your child have good vision:

- Encourage active, outdoor play like jumping, running, hopping.
- Limit TV. When she does watch TV, have her sit at least eight feet away.
- Encourage the use of puzzles, crayons, scissors, lacing toys, blocks.
- Use good lighting to avoid eye strain.

## Allergies

An allergy is a bad reaction to something—like a certain food or animal hair. Common allergic reactions are:

- Runny nose
- Watery, itchy eyes
- Itchy skin rash
- Breathing problems

Some people are allergic to one or more of these things:

- Dust
- Pollen from trees, weeds, and flowers
- Mold from plants, dead grass, and leaves
- Animal fur and feathers
- Insect venom, like bee stings
- Foods, such as eggs, nuts, chocolate, shellfish, milk, berries or wheat
- Tobacco smoke
- Medicines or chemicals

If you think your child may have an allergy, talk to his doctor or nurse. The best way to treat a mild allergy is to keep your child away from whatever causes the allergic reaction. For other allergies, your child may need to take medicine. Some children may be advised to wear a medical alert bracelet. Some allergies can cause severe problems. For these allergies, your doctor may give you medicine to treat the reaction right away.

## Asthma

Asthma is a disease of the lungs. People with asthma have very sensitive air passages in their lungs. During an asthma attack, the airways get smaller and become swollen with mucus. It becomes hard to get air out of the lungs. This causes breathing problems.

**Some of the signs of asthma to watch for — *Each person may have different warning signs. If you notice any one of these, call your doctor.***

- Shortness of breath
- Fast breathing
- Pale or bluish skin color
- Problems sleeping
- Tiredness
- Wheezing — a whistling sound while breathing out
- Weak or soft crying in babies
- Coughing - worse at night, after exercise, in a smoky room or in cold air
- Trouble breathing, talking, walking or playing
- Pain or tightness in the chest

## Triggers of Asthma

Triggers are things that cause an asthma flare-up. Different people may react to different triggers.

- Cold air
- Air pollution
- Colds and flu
- Exercise
- Cats, dogs, birds, mites, rodents and roaches
- Pollen, house dust, mildew, mold or grass
- Cigarette smoke, smoke from a wood stove, or chemicals, such as perfume

If your child has asthma, you and your doctor should be able to work out a plan to control it. A plan often includes both treatment and avoiding the things that cause it. Your doctor or nurse will tell you what to do. You need to tell anyone else who takes care of your child what to do, too.

## What You Can Do To Help Control Asthma At Home

- Keep your home clean and dust free
- Keep your child away from:
  - Pets
  - Rugs and carpets
  - Stuffed animals
- Cover your child's mattress with a plastic mattress cover
- Make sure you have enough asthma medicine. Remind your doctor when the prescription is running out or you have no more refills.

## Sun Safety

Getting too much sun can be dangerous, especially for children. Even children with dark skin need protection. Umbrellas and shade do not give enough protection. Protect your child in other ways too.

- Do not use sunscreen on babies younger than 6 months old. When taking your young baby outside, be sure his skin is covered and he is wearing a hat.
- Apply sunscreen when your child will be out in the sun, even in the winter. Use sunscreen with a Sun Protection Factor (SPF) of 15-30. Apply it evenly to all exposed skin a half hour before going out.
- Dress your child in loose-fitting clothes that cover his arms and legs.
- During the hours of 10 AM - 3 PM, keep children out of the sun as much as possible.
- Have him wear a wide-brimmed sun hat.
- Cover up on cloudy days, too—the sun can be just as strong even then.
- Put more sunscreen on after swimming.



## Preventing Lead Poisoning

Lead poisoning is a disease caused by swallowing or breathing in lead. It is very dangerous, especially to children under 6 years old. It can cause permanent damage to a child's brain and kidneys. Even small amounts of lead can cause serious learning and behavior problems. Your doctor will test your child for lead.

Avoid lead poisoning by finding the lead before your child does! Have your home tested for lead by a licensed inspector. If you rent, ask the owner for a copy of the lead inspection report. By law, the owner must prove the apartment is lead-safe. If your landlord cannot prove the apartment is lead-safe, call your local board of health.

**Children are most often poisoned by lead dust and lead paint in older homes.** Lead dust can get on children's hands and toys, which they put in their mouths. Children often eat, chew, or suck on lead painted surfaces such as window sills and door frames. Lead can also be found in:

- Dust and soil
- Batteries
- Drinking water
- Some cosmetics and hair dyes
- Some imported, non-glossy, vinyl mini-blinds
- Painted toys, furniture, and playground equipment made before 1978
- Contaminated clothing from a parent's work or hobbies
- Some folk medicines
- Some antacid tablets
- Some art and craft supplies
- Some dishes and pottery

The Massachusetts Lead Law says that lead must be removed or covered in any home built before 1978, if a child under six lives there. Owners cannot evict or refuse anyone because of lead paint.

Deleading—the removal of lead paint—must be done by a licensed deleader. In apartments, it is the owner's job to hire and pay for an inspector and a deleader. Financial assistance is available for homeowners for deleading. For more information: call the Childhood Lead Poisoning Prevention Program at 1-800-532-9571.

- **Keep children away from peeling or chipping paint.** Cover loose paint with contact paper or paneling. Do not use sand paper — it fills the air with lead dust.
- **Wipe up paint chips and dusty areas with a wet mop or cloth and a cleaner called TSP.** You can get TSP at most hardware stores. You can also use dishwasher machine detergent that has phosphates in it. Do not vacuum paint chips — the lead gets back into the air.
- **Be careful when renovating.** Lead dust stirred up during renovations is one of the major causes of lead poisoning.
- **Run your tap water** for several minutes until you feel it get cold. Use only cold water for cooking or preparing drinks.
- **Wash your child's hands and toys often.**
- **Feed your child a diet high in iron and calcium**—they help stop lead from being absorbed in the body.

**Iron**

lean meat  
beans  
green leafy vegetables  
cereals with added iron  
and calcium

**Calcium**

milk and yogurt  
cheese  
spinach  
broccoli  
orange juice with added calcium

## Carbon Monoxide

Carbon monoxide (CO) is a gas without color, taste, or smell. It is very dangerous. CO poisoning can kill. CO is made by burning fuel, such as gas, wood, kerosene, oil or coal. Any fuel-burning appliance, such as a heater, generator or wood stove, may cause poisoning if it is not working right. Children are poisoned more quickly than adults.

- NEVER use the gas stove or oven for heating a room.
- NEVER use fuel-burning appliances in a closed room.
- NEVER burn charcoal indoors or in a garage.
- NEVER leave a car running in a garage.
- NEVER try to fix an appliance that burns fuel.

The symptoms of carbon monoxide poisoning may feel like the flu. The symptoms are:

- headaches
- dizziness
- nausea
- unclear thinking
- shortness of breath
- weakness
- fatigue
- vision problems
- loss of muscle control

If you or your child has any of these symptoms and you think it might be CO poisoning, you and your child should leave your home.

**If you do think it is CO, call 911.**

## Photo Page





# Keeping Safe

## In Case of Emergency

For serious injury or sudden, severe illness, call 911. If you think your child may have swallowed something poisonous, first call the **Poison Control Center at 1-800-682-9211**. Keep this number close to your telephones.

**Try to stay calm.** When you call, be prepared to give:

- Your child's age
- Your child's weight
- Your child's temperature
- A description of the problem
- The address where you are and the phone number

**Do not hang up the phone first**, in case more information is needed.

To be prepared for an emergency, have these things together and out of a child's reach:

<ul style="list-style-type: none"><li>• <b>Syrup of Ipecac</b></li><li>• <b>Scissors</b></li><li>• <b>Thermometer</b></li><li>• <b>Tweezers</b></li><li>• <b>Children's pain reliever, such as acetaminophen or ibuprofen.</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Bandages</b></li><li>• <b>Gauze</b></li><li>• <b>Cotton balls</b></li><li>• <b>Antiseptic spray or ointment</b></li></ul>
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**Never give your child aspirin unless your doctor tells you to.**

## Preventing Falls

Falls are the biggest cause of injury to children under the age of five.

- Do not ever leave a baby alone — even a newborn — on a changing table, bed, chair, sofa or any furniture.
- If you cannot hold him, put your baby in a playpen, on the floor on a blanket, or in an infant seat. Put infant seats on the floor only.
- Make sure you strap your child into high chairs, changing tables, grocery carts and other seats that he could fall from.
- Baby walkers are dangerous. They are not recommended.

When your baby starts crawling and walking, he can fall down the stairs. **Install safety gates at stairways and at open patio doors.**

Many children fall out of windows each year. **Window screens do not protect your baby from a fall.** Prevent your child from falling:

- Lock all closed windows.
- Open windows from the top, not the bottom.
- **Install window guards at all windows above the first floor.** Make sure they are the kind that can be opened in case of an emergency.

Safety gates, window guards and safety latches can be bought at hardware and discount stores.

## Preventing Scalds and Burns

### In case of a burn:

1. Cool a burn by running it under cool water for 10-15 minutes.
2. Call your doctor.
3. Do not put anything on the burn unless your doctor tells you to.

### In the kitchen:

- Keep hot food and drinks away from the edges of tables and counters.
- Never carry hot food and drinks near your child, or while holding him.
- When cooking, keep your child away from the stove.
- Turn pot handles toward the back of the stove. Use the back burners when possible.
- Always test your child's heated food or drink. If you use a microwave oven, stir the food and test it before serving. Microwaves heat unevenly.
- **Never heat bottles in the microwave.**

### In the bathroom:

- Set your water heater to 120°F or less. If you rent, ask your landlord to set the temperature no higher than 120°F.
- Always check the water before putting your child in the tub.
- Do not leave your child alone in the bath—even for a moment. She may turn on the hot water.

To prevent electrical burns, make sure to cover all electrical outlets.

## Fire Safety

Protect your family from fires:

- **Install smoke detectors** in sleeping areas and in every level of your home. Landlords are required by law to provide them. **Make sure smoke detectors work right.**
  - Test them on the first day of each month by pushing the test button.
  - Do not take the batteries out of them.
  - Put in new batteries twice a year.
- **Keep matches and lighters out of reach.**
- Teach your child that matches and lighters are not safe and are not toys.
- It is safer to keep bedroom doors closed when sleeping. A closed door will help hold back deadly smoke.

Teach your family what to do in case of a fire:

- **Crawl on the ground.** The best air is close to the ground. If clothes catch fire — **STOP, DROP** to the ground and **ROLL** to put out the flames.
- Get out of the house fast, and stay out.
- Call the fire department from a neighbor's home.

Prepare your family for a fire:

- **Plan two escape routes.** Choose a spot outside for everyone to meet.
- Practice your escape routes once a month.

## Space Heaters

Space heaters can be dangerous. Avoid burns and fires:

- Place the space heater on a firm, flat surface where it cannot tip over.
- Keep space heaters at least 3 feet from curtains, furniture, sheets and blankets, or anything else that can catch fire.
- Keep children away from heaters. Never leave a child alone in a room with a space heater.

**Use only UL approved space heaters.** Gas ovens and charcoal should not be used for heat — the fumes can cause carbon monoxide poisoning. See page 151. Never use kerosene heaters in a closed space. They are against the law in Massachusetts.



If you need help heating your home, call the Fuel Assistance Program at 1-800-632-8175.

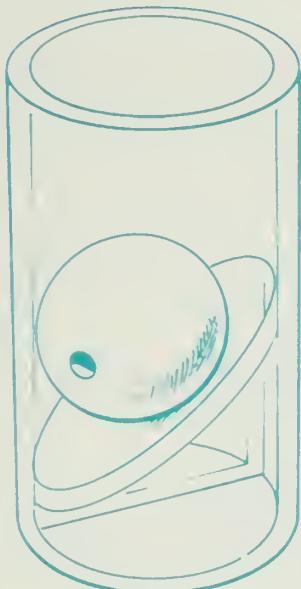
## Preventing Choking and Strangulation

Children can choke or strangle very quickly. The best way to prevent choking is to NEVER leave small things in their reach. Take a CPR class to be more prepared to respond to a possible choking. Broken or deflated rubber **balloons** are the biggest cause of choking from toys.

Keep your child sitting down and never leave your child alone while eating. Round, hard foods are especially dangerous to children under four. **Hot dogs** are the biggest cause of children choking on food. Be sure to cut them into small pieces, not round slices. **Thickly spread peanut butter** can also cause choking.

**Babies and toddlers put everything in their mouths. Keep small things out of reach, such as:**

- Jewelry
- Small toys or toy parts
- Buttons
- Coins
- Batteries
- Safety pins
- Paper clips
- Crayon pieces
- Nails, tacks, screws
- Peanuts and other nuts
- Hard candies
- Raw carrots
- Popcorn
- Grapes
- Raisins
- Gum



**No-choke tube**

A “no-choke” tube can be used to check if toy parts are a choking risk for young children. You can buy one at many toy and baby goods stores.

### When using a pacifier:

- Be sure the pacifier **nipple has no holes** or tears that might cause it to break off
- Be sure the pacifier shield (the hard plastic part) is large and firm enough to NOT fit in your child’s mouth. Be sure the **shield has holes**.
- Never tie a string, ribbon, cord or yarn around your baby’s neck

Children strangle much more quickly than adults. String, yarn, and ribbon may get caught on something and cause your child to strangle. Remove or cut hood drawstrings from children’s jackets, sweatshirts and other clothing. Scarves can also cause children to strangle when they are tied around the neck and get caught.

CPR classes teach you how to save your child’s life. CPR is the way to start the heart and lungs after they have stopped. Classes are available at your local YMCA, the American Red Cross, and many HMOs and health centers.

## Preventing Poisoning

Most poisonings happen to children before they turn five years old. Children are likely to be poisoned by swallowing common things in your home, such as cleaners, medicines, vitamins, alcoholic drinks, cigarettes, and house plants.

- **Keep all cleaners, medicines, and other poisons locked and out of reach.**
- Keep cleaners and other poisons in the containers they came in.
- Use safety latches on drawers and cupboards.
- Many plants are poisonous. **Keep all plants out of your child's reach.**
- Keep the **Poison Control Center number** by each telephone: **1-800-682-9211**.
- **Keep a bottle of Syrup of Ipecac** in your home. Ipecac is used to treat some poisonings and is available at drugstores. Do not give Ipecac to your child unless you are told to do so by the Poison Control Center or your doctor.

## If you think your child may have swallowed a poison:

1. **Look in his mouth.** Remove any pills, pieces of plant or whatever you find.
2. **Do not give your child anything**, not even water or milk, until you call the Poison Control Center.
3. Bring your child and the poison or container to the phone.
4. **Call the Poison Control Center at 1-800-682-9211.** Be prepared to give:
  - your child's age and weight
  - what she swallowed and how much
5. Poison Control will tell you what to do. The Poison Control Center is open 24 hours a day. **Interpreters are available.**
6. Do not call your doctor or nurse until after you call the Poison Control Center.

## Traffic Safety



### Riding in Cars

Car safety seats and seat belts are the best way to prevent injury and death in cars. Massachusetts has a law that requires all children and adults to buckle up.

The law says:

- Infants and small children must ride in car seats until they are at least five years old AND they weigh over 40 pounds.
- Children who are at least five years old and weigh more than 40 pounds must wear a seat belt that is properly adjusted. Most children who weigh 40 to 60 pounds will need a booster seat for their seat belt to fit right.
- This law applies to all cars and taxi cabs.
- A police officer may stop your car and fine you \$25 for each unrestrained child.

Be sure to wear a seat belt every time you are in the car, too. It will not only keep you safe — it will set a good example for your children.

**The safest place for any child is in the back seat.** Children should never ride in seats where an air bag could open.

For more information about keeping safe in cars, call 1-800-CAR-SAFE.

## **Walking**

Once your child begins to move around, you need to watch him all the time. Young children should only play in fenced areas.

- Teach your child to always **stop** at the curb and **look both ways** before crossing the street.
- Never allow him to walk in the street.
- Make sure there are no children behind your car before you back out of a driveway.

## Bicycle Safety

Biking is fun, but it can also be dangerous. Help your child learn safe riding habits. **Make sure your child wears a bike helmet every time he rides.** Massachusetts law requires that children under 13 wear helmets when riding. Look for ASTM, SNELL or ANSI stickers on bike helmets to make sure they meet national safety standards. A football helmet or hard hat will not work.

- Children should not ride in the street.
- **Never let your child ride at dusk or after dark.**
- Teach your child to stop and look both ways when going across driveways and streets.
- Teach your child to use hand signals when turning.

**If you want to take a young child as a passenger on your bike:**

- Babies under one year of age should never be carried on a bike. It is against the law.
- Children older than one should ride in rear-mounted bike seats. **Do not let your child ride on handlebars or on the adult bike seat.**
- The bike seat should have spoke guards, a high back, and a sturdy shoulder harness. Attach it securely.
- Children should not be passengers on bicycles when it is dark.
- Your child must, by law, **wear a helmet** —even when riding as a passenger. You should, too!
- To work right a helmet must fit right and be worn right. Read the instructions on the box or ask a local bike dealer.

## Water Safety

It only takes seconds for a young child to drown — even in just an inch of water. Drowning happens in all kinds of places, not just pools and beaches. Any open container of water can be dangerous to a baby or young child.

- **Never leave your child alone near water — a bathtub, toilet, swimming pool or a bucket of water — even for a moment.**
- Empty the bathtub, bucket of water, wading pool, or any other water right after using it.
- Keep the bathroom door closed. Keep the toilet lid down.
- If you have a swimming pool, put up a four-sided fence, at least five feet high, with a self-closing, locking gate. If your neighbors have pools, tell them to put up fences and gates.

It is important for all children to learn to swim. Swimming classes are offered at many YMCAs, YWCAs, or local community centers. **Never let your child swim alone.**

## Gun Safety

Children in homes with guns are more at risk of being shot by themselves, friends or family members than of being injured by a robber or other criminal.

If you choose to keep a gun:

- Keep it unloaded and in a locked place.
- Store bullets in a separate locked place.
- Use a trigger lock.

If your child visits or receives child care in someone's home, ask if they have guns in the home. If so, make sure they are stored safely.

Teach your child to never touch a gun. Have her tell an adult right away if she sees one.



## Preventing Sports Injuries

To play sports safely, your child needs you to be involved. Talk with the coaches, other parents and your doctor. Learn the risks of playing the sport. Your child may need a physical exam before she begins to play. Ask the coaches if they have been trained or certified in the sport. A trained coach will:

- Use conditioning, warm-up, and cool down exercises
- Know and play by the rules
- Put players in groups by size instead of by age
- Stop players before they get overtired
- Not allow injured children to play
- Not allow play on dangerous playing fields
- Have an emergency plan

Safety equipment prevents injuries or makes them less serious. Check with coaches about what equipment is required or recommended.

Make sure safety equipment fits well. Some examples:

<ul style="list-style-type: none"><li>• Mouthguards</li><li>• Helmets</li><li>• Eye guards</li><li>• Face protectors</li><li>• Chest protectors</li></ul>	<ul style="list-style-type: none"><li>• Shin guards</li><li>• Ankle supports</li><li>• Foot gear</li><li>• Athletic cups</li><li>• Kneepads</li></ul>
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**Prevent emotional stress:  
Encourage your child to do her best.  
She should not feel pressure to be the best.**

## Photo Page





## Healthy Eating

### Starting Solid Food

Up until one year, your baby should drink breastmilk or formula. At about four to six months, you can begin to add soft solid foods to her diet. For breastfed infants, water, juice, and other foods may not be needed until 6 months of age. Talk with your baby's doctor, nurse, or a nutritionist about introducing solid foods.

**Your baby may be ready to start solid foods when she:**

- Is at least 4 months old
- Can sit or hold her head up by herself
- Weighs at least double what she did at birth
- Will open her mouth for the spoon

Begin by feeding your baby a small amount of rice cereal on a baby spoon. At first, your baby may spit it out. This is normal. It takes time for your baby to get used to new foods and eating. Keep trying — a little bit at a time. It is okay to have a mess!

*Do not put cereal or any food in a bottle — it can cause choking. It can also cause your baby's teeth to rot and your baby to gain too much weight.*



### **Keep baby food safe.**

- Place the food in a dish — feeding from the jar may put germs in leftover food.
- Do not put leftover food or the used spoon back into the jar—it can cause the food to spoil.
- Cover and refrigerate what is left in the jar.
- Use the food within 2-3 days of opening the jar.

**If you make your own baby food**, do not add butter, oil, margarine, sugar or salt, unless your doctor has told you to. Homemade baby food is cheaper than buying prepared food. When introducing a new food, prepare and serve it without adding anything. Food should be pureed, strained, or mashed. **Do not add honey to any of your child's food before the age of one.** There is a bacteria in honey that is dangerous for babies under one year.

## What to Feed Your Baby

Introduce one new food at a time. Wait 3-5 days before you add a new food. Put a check (✓) when you start new foods. Watch for signs of allergies: skin rash, runny nose, vomiting, diarrhea or other change in stools, watery, itchy eyes, or breathing problems.

**CAUTION:** Avoid foods that can cause choking — popcorn, nuts, seeds, grapes, hot dogs, raisins, chunky peanut butter and any other small hard foods. You can try smooth peanut butter after 2 years of age. Moisten it with applesauce or jelly and spread it thinly. Do not leave your child alone when he is eating.

### 4-6 months

Your baby is ready for baby cereals. Try rice cereal first - it is the easiest to digest. After cereal you can try fruit juices that have vitamin C. You can start a few mashed up fruits and pureed vegetables.

### 4-6 months

- rice cereal
- barley cereal
- oat cereal

### 4-6 months

- apple juice
- white grape juice

### 6 months

- applesauce
- mashed bananas
- mashed potatoes
- squash

## 6-9 months

Try new mashed fruits and soft vegetables. Fruits can be fresh or cooked. From 6-8 months it is also time to add small amounts of protein foods, such as poultry, beans, fish and meat. Always strain or cut them into small tender pieces. At about 8 months your baby will like to pick up small pieces of food and feed herself. Good finger foods include pieces of cheese, chicken, fresh fruits and soft, cooked vegetables. Give one or two bits at a time. Let her feed herself while you are watching.

### 6 months

- mango
- papaya
- peaches
- cantaloupe
- plums
- pears

### 6-9 months

- sweet potato
- cooked carrots
- spinach
- peas
- plantains

### 6-9 months

- chicken
- turkey
- cooked beans
- mild cheese
- fish
- beef

## 9-12 months

Your baby is now ready to eat many chopped table foods. Try egg yolks now, but do not give egg whites until your baby turns one year old.

### 9 months

- crackers
- wheat cereal
- rice
- noodles
- toast
- pita bread
- bagels

### 9 months

- egg yolk

### 12 months

- egg white

## Drinking from a Cup

At about 6 months, your child may want to try drinking from a cup. Let her hold an empty, plastic cup to get used to it. Drinking from a cup is a new skill and takes practice. Use a spill-proof cup with small amounts of water, formula, breastmilk or juice in it.

Make sure the juice is 100% juice — not juice drinks. You may want to dilute juice with water. Limit juice to 4 - 8 ounces a day, so that your child will have an appetite for other foods.

Do not use cow's milk before 12 months. At 12 months, your child is ready for whole milk. Your child needs **whole milk** until age 2 — not low-fat or skim milk.

As your child learns to use a cup and feed herself, she may begin to breastfeed less often. When you decide to stop breastfeeding, it is best to do it slowly. You can continue to breastfeed as long as you and your child want to.

## Giving Up the Bottle

At around 12 months, encourage your child to use the bottle less and the cup more. Slowly cut down the number of bottles and increase the number of cups each day. Morning and evening bottles are often the hardest to give up.

As your child learns to drink from a cup, she may still want a bottle for comfort. To help her feel more secure, try reading a story, singing, or cuddling while she drinks from a cup. When she seems distressed, try giving her a hug instead of a bottle. With your help, she will soon learn other ways to comfort herself.

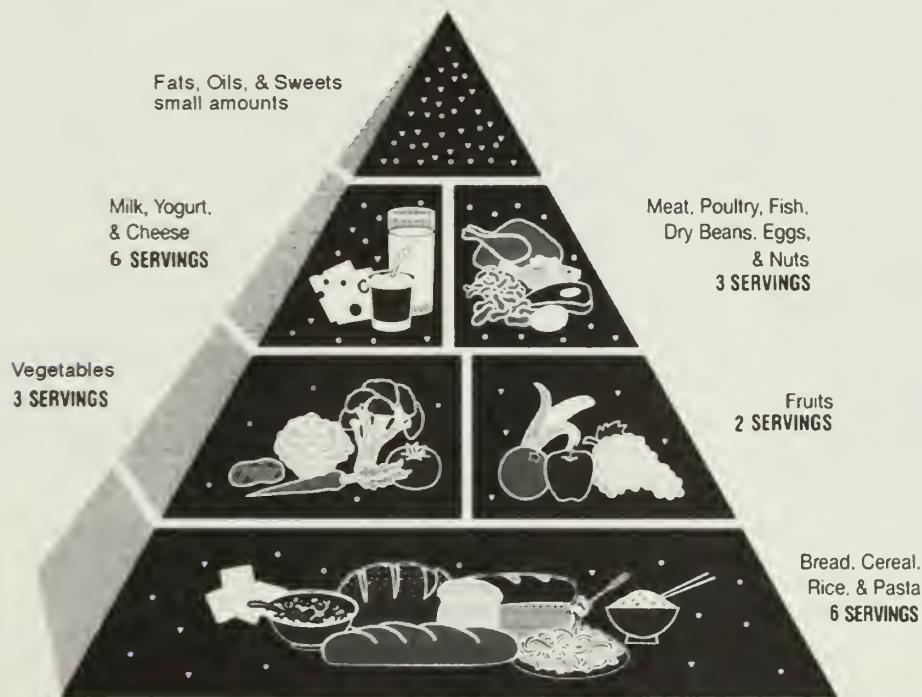
Using a bottle too much can cause:

- Tooth decay
- Poor nutrition
- Overweight

## Here's What Your Child Should Eat Each Day

To keep your child healthy and strong, offer a variety of foods from each food group every day. This pyramid shows the kinds of food in each group. The foods can be served at meals or snacks. Servings are smaller for children than for adults. Around age one, your child will be growing more slowly. He may want to eat less. That is okay. He may only like a few foods. That is okay, too. Keep offering other foods.

**Food Pyramid for Young Children**



## Snacks Are Meals, Too

Snacks are a good way for your child to get what he needs to grow. Your child may not want to eat at breakfast, lunch or dinner. Maybe he is too tired or excited. That is okay. Help your child make good food choices. Offer different healthy foods as a snack.

A healthy snack is:

- Low in sugar, fat and salt
- Food from one or more of the food groups

### Good Snacks

Bananas	Frozen fruit juice on a stick
Oatmeal	Milk
Rice cakes	Yogurt
Applesauce	Cheese
Crackers	Cottage cheese
Cornbread	Baked sweet potatoes, cold or warm
Fruit juice	Hard-boiled eggs

## Special Feeding

There may be times when your child needs special foods. Be sure to ask your doctor, nurse or nutritionist if you have any questions about what your child should be eating or drinking.

### Foods to help children gain weight

- puddings made with whole milk
- cheese made with whole milk
- peanut butter on bread or crackers after age 2
- ice cream
- milk shakes made with whole milk, ice cream, banana, and peanut butter

If your baby is under 12 months and needs to gain weight, make sure that you are mixing his formula correctly. Offer it to him more often and for longer. If you are breastfeeding, talk to your doctor or nurse.

### Foods to loosen hard stools

- lots of water, juices
- raw fruits and vegetables
- prunes
- whole grains
- soft, cooked fruit

### **Foods for children who are vomiting**

- oral electrolyte maintenance solutions, like "Pedialyte" or "Rehydra-Ice," if your doctor tells you to
- popsicles
- jello

### **Foods for children with diarrhea**

- water and "Pedialyte" or "Rehydra-Ice," if your doctor tells you to
- potatoes
- rice
- bananas
- dry toast
- applesauce

### **Clear liquids are:**

- water
- apple or white grape juice
- clear soup or bouillon
- "Pedialyte" or "Rehydra-Ice," if your doctor tells you to
- jello





# Healthy Families

## Families Learn Together

You are your child's first teacher. When children learn at home, they do better in school. Children want to learn. They need to see learning in action. Try doing these things together:

- Pick a special time each day to read together — start when your child is a baby
- Make books special — make a special space on a shelf for your child to keep books
- Go to the library for books and activities
- Make family albums with pictures and stories
- Go to a children's museum
- Limit TV watching
- Use everyday activities for learning:
  - Make shopping lists
  - Read signs and labels at the store
  - Count money
  - Read street signs
  - Read recipes and measure ingredients when cooking



Make story time part of the day. Some books young children might like include: *Goodnight Moon* by Margaret Wise Brown, *Peter's Chair* by Ezra Jack Keats, *Ten, Nine, Eight* by Molly Bang, *More, More, Said The Baby* by Vera B. Williams, *I'll Do It Myself* by Mercer Meyer, and *My Special Best Words* by John Steptoe.

**For parents who need help with reading,** family literacy programs give you and your child a chance to learn together. They teach basic skills and child development to adults. They also teach your child. Call the Mass Adult Literacy Hotline at 1-800-447-8844 for:

- Family literacy programs
- English as a second language (ESL) classes
- Basic skills classes

Call your school department or local community center to find out about computer classes.

## Discipline Means Teaching

Your job as a parent is to teach your child what behavior is okay and safe, and what is not. This is one of the hardest things you will do as a parent. Different behaviors are acceptable in different families. Discipline takes time and patience. Discipline does not mean punishment. It is not harsh. Discipline is for teaching your child. It is not a way for you to express your feelings.

The goal of discipline is for your child to learn to choose healthy behaviors. To help your child learn good behavior:

- Create a safe and secure environment.
- Make clear and consistent rules.
- Set a good example—be a role model.
- Reward good behavior.

Discipline is very different for an infant, a two-year old and a four-year old.

**Babies**, until about 15 months of age, are too young to understand rules.

- Remove things from their reach that are not safe.
- Distract them with toys or activities that are okay.
- Never shake or hit your baby.

**Toddlers**, until about age 3, need very simple rules.

- Make rules that your child is able to understand and follow.
- Explain the rule ahead of time. Be sure he understands it.
- Keep the same rules every day.

**Your child will be better able to follow rules if you:**

- Keep simple daily routines
- Give your child something to do when he needs to sit quietly
- Give healthy snacks when meals are late
- Avoid long visits and trips

Almost all children between the ages of one and three have **temper tantrums** to get your attention or to get their way. If your child has a tantrum:

- Try to be calm. If you are loud or angry or hit your child, he will copy you.
- Make sure he is safe — that he will not hurt himself or others.
- If possible, ignore the behavior. Attention is usually what a child wants the most.
- If you can, take your child with you to a different room or go outside.
- Avoid arguing. It does not work.

**Children need to know what to expect.**

- A rule tells your child what you expect of him. He also needs to know what will happen if he chooses not to follow the rule.
- Set a simple daily routine. Remind your child about what will happen next.

**Children need to be praised and hear that they are loved.**

- Reward your child for good behavior.
- Tell your child what you like about what he is doing.
- Even if your child's behavior upsets you, make sure he knows that you still love him.

- Tell your child why his behavior upsets you.
- Give him a chance to understand what he has done.

### **Children learn by copying what their parents do.**

- Tell and show your child what behaviors are okay.
- Show your feelings in ways that do not hurt.
- Try to remain calm. Never take your anger out on your child.
- Do not hit or spank your child. Do not use words that hurt.

### **You can get help learning how to manage behavior.**

- Ask your child's doctor or nurse.
- Talk with other parents.
- Join a parent support group.
- Find out about home visiting programs in your area.
- Take a parenting class.

It is normal for your child's behavior to upset you. Take a break. You can call someone for advice or just to calm down. Call a friend or a parent hotline. Here are three telephone numbers to call for help:

**Parental Stress Line:** 1-800-632-8188  
Counseling, open 24 hours a day, 7 days a week

**Parents Anonymous:** 1-800-882-1250  
Counseling and referrals to support groups

**Children's Trust Fund:** 1-800-252-8403  
Free materials and referrals to parenting classes and home visiting programs

## When Behavior Is A Problem

There may be times that certain behaviors become a problem. Your child's doctor or nurse can give you a referral to a different provider or counselor for help. Counseling may involve the child, the parents or the whole family. The goal of counseling is for the parent and child to feel more able to make good choices.

When you speak with the doctor, nurse, or counselor, she may ask:

- What is the problem behavior?
- When does it happen?
- Did the problem start at the same time that something else happened in your family?
- Does your child have habits or fears that concern you?
- Is there a struggle for control with your child?
- What are your child's relationships like with other people?
- How is the rest of the family doing?
- What are your child's strengths?

## Loss and Grief

Every human being experiences losses. For a child, a loss can be when someone leaves, when a person or a pet is very sick, when someone dies, or when he loses something. As your child gets older, a loss may mean different things. An adopted or foster child may grieve the loss of birth parents at different times. A child may need to talk about a loss again and again. Help him to:

- Understand — When someone dies, this means knowing that the person is no longer alive. A two year old will not understand death in the same way a four year old does. It helps to prepare your child if you expect someone to die.
- Grieve — Help your child to express his feelings. He may not seem sad when you expect it. Allow him to grieve at his own pace. A child who expresses his feelings can better adjust to the changes.
- Remember — You can help your child remember by marking the loss. This can be a religious ceremony or a “remembering ceremony” that your family makes. Your child might want to write a letter to the person who has died, have a backyard funeral, or carry around an object that belonged to the person.

Talk to your doctor or nurse about the loss and how your child is reacting. You can also call the National Center for Death Education at 617-928-4649. They can recommend books and videos and give you referrals for counseling.

## Family Violence

Family violence can take many forms: a husband, boyfriend, or lover hurting his or her partner; parents, siblings, relatives or caretakers hurting children; or an adult hurting an older person. Some types of abuse and common examples are:

### Emotional Abuse:

- name-calling
- controlling
- making threats
- making it hard to stay close to family and friends

### Physical Abuse:

- hitting or slapping
- pushing
- kicking
- choking
- burning
- shaking

### Sexual Abuse:

- any sexual contact that is not wanted
- any sexual behavior with a child by someone older
- making sexual remarks or showing body parts in a hurtful way
- refusing to practice safer sex or birth control

## Children, Violence, Abuse and Neglect

Children are hurt by seeing violence and by being victims of violence. Children can be abused by almost anyone. Children are also affected by watching someone get hurt.

### Signs that children may have seen violence or been abused:

- Bruises and other injuries
- Fear and anxiety
- Sleeping or eating problems
- Learning problems
- Aggressive behavior
- Very shy behavior
- Problems being close to others
- Sexually transmitted diseases
- Inappropriate sexual talk, behavior or knowledge

Always believe your child if he or she says someone is hurting him or her. Protect your child:

- Teach your child what abuse is.
- Tell your child that he or she never deserves to be hurt.
- Teach him or her the correct names for body parts.
- Let your child know that you want to be told if anyone touches him or her or makes him or her feel uncomfortable.

Never leave your child with someone you do not feel comfortable with and trust.

## Getting Safe

If you feel that you cannot protect yourself or your children, you need to get help. There are many people who want you to be safe. Talking about it with someone you trust is the first step in getting help and protecting yourself.

Get support and information from a hotline, advocate, counselor, or trusted friend. These people can help you find a way to get safe. These ways can be:

- Staying in the relationship safely
- Leaving the relationship or place in a safe way
- Getting to a new, safe place
- Staying safe
- Getting help with housing, food and clothes

You can call the police for help getting to a hospital or another safe place. To find help near you, call 411 or the numbers below:

<b>Battered Women's Hotline 1-800-992-2600</b>
<b>Child-At-Risk Hotline 1-800-792-5200</b>
<b>Rape Crisis Center 1-800-922-8772</b>
<b>Elder Abuse Hotline 1-800-922-2275</b>
<b>Disabled Abuse Hotline 1-800-426-9009</b>

## Violence, TV, Movies and Toys

Children learn violent behavior from seeing it, doing it and believing it is okay. Some movies, television shows and toys made for children encourage violence. Watching people hitting and shooting each other on TV can make your child more likely to hit and kick. It can also make her more afraid and less aware of other people's feelings. Violent toys, movies and TV teach that:

- Violence is the best way to solve problems
- Violence is heroic
- Violence is fun and entertaining

You can help your child:

- Limit or avoid TV
- Select non-violent programs and videos
- Watch TV together and talk about any violence you see
- Talk about non-violent ways to solve conflicts
- Choose toys that help your child to be creative
- Do not choose toys that are linked to violent characters
- Do not choose toy weapons

# United Way of Massachusetts Bay

## Success By 6 PARENT LINE

### 617-421-1789

The Success By 6 Parent Line gives up-to-date information on parenting. You can get recorded messages on many topics 24 hours a day. Call the number and choose the message you want to hear. You can also choose to talk to someone in person for more help.

#### PREGNANCY

- 1161 Changes During Pregnancy
- 1166 Good Nutrition and Pregnancy
- 1170 Pregnancy Danger Signals
- 1171 Pregnancy, Drugs and Your Baby
- 1172 Prenatal Care
- 1173 Symptoms of Pregnancy

#### PARENTING

- 1164 Feeding Your Baby
- 1468 Am I a Good Parent?
- 1470 Call the Teacher: Questions to Ask
- 1432 Child Abuse: Emotional
- 1433 Child Abuse: Neglect
- 1434 Child Abuse: Physical
- 1435 Child Abuse: Sexual
- 1436 Child Day Care: Questions to Ask
- 1477 Helping Your Children in School
- 1465 Single Parenting: Today's Challenge

#### CHILD DEVELOPMENT

- 1439 Children and Divorce
- 1440 Children and Household Chores
- 1443 Children and Stepfamilies
- 1447 Children and Two-Parent Working Families
- 1448 Common Sense Parenting: Bedtime Routines
- 1449 Common Sense Parenting: Dinner Time
- 1450 Controlling Temper Tantrums
- 1451 Discipline
- 1457 Giving Effective Commands to Your Children
- 1458 Helping Children With Morning Routines
- 1461 Making Your Child More Independent
- 1462 Improving Parent-Child Interaction

## CHILD BEHAVIOR

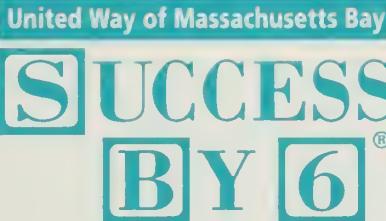
- 1450 Anger-Control Problems
- 1451 Attention Deficit Hyperactivity Disorder
- 1457 Children and Anxiety
- 1458 Children and Depression
- 1441 Children and Moving
- 1442 Children and Reactions to Death
- 1444 Children and Television
- 1445 Children and Temperament Styles
- 1454 Soiling
- 1455 Wetting/Bedwetting
- 1456 Fears and Phobias
- 1460 Hurried Children Growing Up Too Fast
- 1463 Self Control
- 1464 Shyness
- 1466 Stealing

## MENTAL HEALTH, HEALTH AND NUTRITION

- 1552 Coping with Stress
- 1554 Depression: Do I have a Problem?
- 1559 Helping Someone Who Is Depressed
- 1562 Stress: Do I Have a Problem?
- 1400 A Well-Balanced Diet
- 1584 Head Lice Information

## SCHOOL ISSUES

- 1471 Children and Giftedness
- 1472 Children and Grade Retention
- 1474 Children and Reading
- 1476 Helping With Homework
- 1479 Your Child's Progress in School
- 1480 The Parent-Teacher Conference



The Success By 6 Parent Line is provided in partnership with  
Parents' and Children's Services.

## Photo Page





## Resources To Help You And Your Family

Everyone needs help sometimes. There are lots of services for parents in Massachusetts. Do not be afraid to call.

Services are listed in the following categories:

- Food, Clothing, and Housing ..... 175
- Financial Aid ..... 176
- Health ..... 177
- Safety ..... 181
- Legal Aid ..... 182
- Parenting and Family Support ..... 184
- Child Care and Early Education ..... 186
- Disability Services ..... 187
- Jobs and Training ..... 189
- Advocacy and Action ..... 190

Under each listing you will find:

1. **A short description of the service and the phone number**
2. **Hours the service is open** — Most are open 9 AM - 5 PM, unless noted. Some are open 24 hours a day, 7 days a week. They are marked: "ALWAYS OPEN."
3. **Languages spoken at the service**— Some services are available in languages other than English. These are marked. Some services offer the AT&T Language Line. This service has interpreters in 140 languages. To get an interpreter, tell the person who answers the phone what language you need. It may take a few minutes for the interpreter to be connected. Do not hang up. Be prepared to say in English that you need to speak to someone in your language.

To be *eligible* for a service means to meet certain requirements. These requirements are different from service to service. You and your family can be eligible for one and not another. Call the service. The staff there will tell you if you are eligible.

***Growing Up Healthy*** has been developed by the Family Support and Education Unit of the Division of Maternal, Child and Family Health. Call **617-624-6060** for more information about health insurance, primary care, family planning, home visiting and health education. The Division is part of the Bureau of Family and Community Health at the Massachusetts Department of Public Health.

## **FOOD, CLOTHING, TRANSPORTATION and HOUSING**

### **American Red Cross**

Disaster relief — clothing, food pantry, housing and household goods; classes on health topics including First Aid and CPR. The phone number of your local Red Cross chapter is in your phone book.

Languages: Some Spanish available

### **Expanded Food and Nutrition Education Program 1-800-622-3637**

Nutrition education for eligible families with children

### **First Call for Help**

Help with housing, food, utilities, legal support and other basic needs

United Way of Massachusetts Bay 1-800-231-4377

United Way of Cape Cod 1-800-462-8002

United Way of Central Mass. 508-755-1233 (voice/TDD)

Jones Library- Western Mass. 1-800-339-7779

Languages: Some Spanish available

### **Fuel Assistance Program 1-800-632-8175**

Financial aid for heat

### **Good Neighbor Energy Fund**

Fuel assistance available to eligible families during the heating season

Eastern Mass 1-800-334-3047

Western Mass 1-800-262-1320

### **Hunger and Food Stamp Hotline 1-800-645-8333**

Coupons for groceries and referrals to local food banks

Languages: Spanish

### **Massachusetts Affordable Housing Alliance 617-822-9100**

Counseling for first-time home buyers and advocacy on housing issues

Languages: Spanish

**Massachusetts Coalition for the Homeless 617-737-3430**

Donations Assistance Center provides furniture and household goods

Languages: Spanish

**Massachusetts Tenant Organization and Resource Center 617-367-6260**

Information on tenants' rights

**Medicaid Transportation Program 1-800-682-1062, 1-800-841-2900,**

**1-800-497-4648 (TTY)**

Consumers of MassHealth may receive funds for transportation services for health care services

Languages: Spanish, Chinese, Khmer, Portuguese, Vietnamese, Russian

**UMass Extension**

Planning and preparing low-cost, healthy meals; offered on an individual basis or in small, home-based groups

Greater Boston 1-800-622-3637

Southeastern Mass 508-991-6913

Central Mass 508-831-1225

Western Mass 413-737-0236

Languages: Some Spanish available

**WIC 1-800-942-1007**

Food for eligible pregnant women and children under 5. Information on nutrition, breastfeeding, child health and development, and parenting

Languages: Spanish, Haitian Creole, French, Portuguese

**FINANCIAL AID**

**Children's Medical Security Plan 1-800-909-2677**

Health insurance to eligible children 18 and under for primary care, limited emergency care and prescription drugs

Languages: 140 through the AT&T Language Line

**CommonHealth 1-800-662-9996, 1-800-608-3300 (TTY)**

Health insurance for working disabled adults and children under 18

Languages: Some languages available at certain times

**Department of Transitional Assistance (formerly Welfare)**

**1-800-445-6604, 1-800-249-2007 (new applicants)**

Food stamps, Transitional Aid for Needy Families (TANF), and other assistance

Languages: Spanish

**Healthy Start 1-800-531-2229**

Insurance for eligible pregnant women and referrals to health care and other services

Languages: Spanish, Portuguese, Haitian Creole, Khmer, French

**Medicaid/MassHealth 1-800-682-1062, 1-800-841-2900, 1-800-497-4648 (TTY)**

Health insurance for eligible families

Languages: Spanish, Chinese, Khmer, Portuguese, Vietnamese, Russian

**Supplemental Security Income (SSI) 1-800-772-1213**

Financial assistance for eligible children and adults with disabilities

## **HEALTH**

**AIDS Hotline 1-800-235-2331; 617-437-1672 (TTY)**

Information, referrals and support for HIV and AIDS-related issues

HOURS: Mon-Fri, 9 AM - 9 PM; Sat, 10 AM - 2 PM

Languages: Spanish

**Al-Anon 781-843-5300**

Support for family members affected by alcoholism or other substance abuse

HOURS: Mon-Fri, 10 AM - 3 PM

**Alcohol and Drug Hotline 1-800-327-5050, 617-354-0997 (TTY)**

Referrals to substance abuse treatment services

Languages: Spanish

ALWAYS OPEN

**American Academy of Pediatrics, Mass Chapter 781-893-4610**

Information about child health issues

**American Cancer Society 1-800-ACS-2345**

Information on screening, free examinations, diagnostic services, treatment and transportation

Languages: Spanish, Portuguese, Khmer

**Anonymous HIV Testing 1-800-750-2016, 1-800-834-0041 (TTY)**

Information and referrals for HIV testing and needle exchange programs

Languages: 140 through the AT&T Language Line

HOURS: Mon, Wed, Thurs, 9 AM - 9 PM; Tues, Fri, 9 AM - 5 PM; Sat, 10 AM - 2 PM

**Ask-a-Nurse 1-800-544-2424**

Information and referrals

ALWAYS OPEN

**Depression After Delivery 1-800-944-4PPD**

Information for new parents and referrals to local providers and support groups

ALWAYS OPEN

**Good Grief Program 617-534-4005**

Training for providers and teachers about children and grief; books, videos and other resources

**Health Care for All 1-800-272-4232**

Advocacy and help with getting health care

Languages: Spanish, Haitian Creole

**La Leche League 1-800-LA-LECHE**

Telephone counseling on breastfeeding, new mothers' groups, and information on breast pump rentals and sales

**Lead Paint Hotline 1-800-532-9571**

Information about lead laws and consumer rights; referrals for lead screening, inspection, and deleading

Languages: Spanish

**Massachusetts Center for Sudden Infant Death Syndrome (SIDS) Hotline****1-800-641-SIDS**

Information and counseling about Sudden Infant Death Syndrome

ALWAYS OPEN

**Massachusetts Council on Compulsive Gambling 1-800-426-1234, 617-426-1855 (TTY)**

Counseling and referrals for gamblers and their families

ALWAYS OPEN

**Massachusetts Dental Society 1-800-342-8747**

Referrals to dentists and special needs dentistry

**Massachusetts Department of Mental Health 1-800-221-0053**

Emergency evaluations and treatment for persons having a mental health crisis

**Massachusetts Family Planning Program 617-624-6060**

Referrals to family planning clinics, and information about birth control and reproductive health services

**Massachusetts Immunization Program 617-983-6800**

Information about immunizations and where to get them

**Massachusetts League of Community Health Centers 1-800-475-8455**

Referrals to local health centers and information about free or reduced-cost health care

Languages: Spanish, Vietnamese

**Massachusetts Psychiatric Society 1-800-831-3134**

Referrals to mental health providers

**National Center for Death Education 617-928-4649**

Referrals for grief counseling and recommendations on books and videos

**National Mental Health Association 1-800-969-6642**

Referrals to mental health providers and information on mental health

**Nursing Mothers' Council 617-244-5102**

Breastfeeding counseling and rental of breastfeeding pumps and other aids

Languages: Spanish (by referral)

**Physician Referral Service 1-800-322-2303 ext. 1315**

Referrals to physicians based on language, location, and specialty

Languages: Spanish

**Planned Parenthood 1-800-682-9218**

Referrals to confidential pregnancy testing; reproductive health services and information

Languages: Spanish, Haitian Creole

**Poison Control Center 1-800-682-9211**

Emergency advice about poisoning, and information on poisons

Languages: 140 through the AT&T Language Line

ALWAYS OPEN

**Sexually Transmitted Disease (STD) Control Program 617-983-6940**

Locations and hours of clinics that screen and treat sexually transmitted diseases;

information on STDs

Languages: Spanish

**Smokers Quitline**

**1-800-TRY-TO-STOP (English), 1-800-8-DEJALO (Spanish),  
1-800-TDD-1477 (TDD)**

Counseling and referrals to local smoking cessation programs

Languages: 140 through the AT&T Language Line

ALWAYS OPEN

**SAFETY****Auto Safety Hotline 1-800-424-9393**

Information about car safety seats, air bags, and passenger safety

Languages: Spanish

**Battered Women's Hotline 1-800-992-2600**

Referrals, peer support, and information on location and availability of shelters

Languages: Spanish

ALWAYS OPEN

**Buckle Up Hotline 1-800-443-SAFE**

Information on child safety and locations of car seat loan programs; takes reports of improperly restrained children and follows up with information packets

ALWAYS OPEN

**Child-At-Risk Hotline 1-800-792-5200**

To report child abuse; follow-up services include crisis intervention and emergency services, counseling, protective child care, parent aide services, substitute care and case management

ALWAYS OPEN

**Child Witness to Violence Project 617-534-3666**

Counseling for children who have witnessed violence, especially family violence

Languages: Spanish

**Elder Abuse Hotline 1-800-922-2275**

To report neglect or financial, psychological or physical abuse of people 60 years of age or older; counseling and referral services

Languages: 140 through the AT&T Language Line

ALWAYS OPEN

**Disabled Abuse Hotline 1-800-426-9009**

To report abuse of people with disabilities

**Massachusetts Passenger Safety Program 1-800-CAR-SAFE**

Locations of car seat loan programs; information about passenger safety, child safety seat installation and recalls

**Rape Crisis Center 1-800-922-8772, 617-492-RAPE, 617-492-6434 (TTY)**

Crisis counseling and referrals for rape victims

Languages: 140 through the AT&T Language Line

ALWAYS OPEN

**Samaritans 617-247-0220**

Suicide prevention crisis line

ALWAYS OPEN

**LEGAL AID****La Alianza Hispana 617-427-7175**

Information and referral to a wide range of Spanish-language services

Languages: Spanish, English

**Legal Advocacy and Resource Center 1-800-342-LAWS**

Free and reduced-fee legal services

**Legal Services Center 617-522-3003**

Legal services for housing, family, benefits and AIDS-related discrimination

Languages: Spanish

**Harvard Legal Aid Bureau 617-495-4408**

Free legal services about housing, benefits and family law

Languages: Some languages available at certain times

**Harvard University Small Claims Advisory Service 617-497-5690**

Free advice on consumer law disputes about sums less than \$1500

**Massachusetts Bar Association 1-800-392-6164, 617-654-0400, 617-338-2625 (TDD)**

Referrals to legal aid programs and services

Languages: Spanish

**Massachusetts Child Support Enforcement 1-800-332-2733**

Information on child support laws, filing claims and help with a specific case

Languages: Spanish, Portuguese, French, Greek

**Massachusetts Commission Against Discrimination 617-727-3990, 413-739-2145**

To report complaints about housing, maternity, and employment discrimination

Languages: Spanish

ALWAYS OPEN

**Massachusetts Department of the Attorney General 617-727-2200**

Help for victims of violent crime and advice on consumer complaints

Languages: Spanish

**Massachusetts Legal Assistance Corporation 617-367-8544**

Legal services for income-eligible people

**Volunteer Lawyers Project 617-423-0648, 617-338-6790 (TDD)**

Help with Supplemental Security Income (SSI) appeals and other cases

Languages: Spanish

**Western Massachusetts Legal Services 1-800-639-1309**

Legal service on housing, Medicaid, SSI and benefits

Languages: Spanish

**PARENTING AND FAMILY SUPPORT**

**Alternative Family Matters 617-576-6788**

Information for gay and lesbian parents and those considering parenting

**Children's Trust Fund 1-800-252-8403**

Referrals to local parent education groups, parent support groups, and home visiting programs; free materials on preventing child abuse and neglect

**Early Intervention 1-800-905-8437, 617-624-5992 (TDD/TTY)**

Developmental assessment, intervention and family support services to eligible children birth - 3 years old

**Even Start and Family Literacy Challenge 1-800-447-8844 (voice/TTY)**

Call the Mass Adult Literacy Hotline for information about basic skills for parents, early childhood programs for children birth - 12 years old, and home visits. Programs are located in certain communities; some programs offer other languages.

**Family and Parenting Services 617-267-0900**

Information, resources, activities and support for gay and lesbian parents and their children, alternative insemination program, programs for gays and lesbians considering parenting

**Family Nurturing Center 617-534-7091**

Information about nurturing programs, parent education and community-based family support

**Family TIES 1-800-905-TIES**

Support for families of children with special needs

Languages: Spanish

**FIRSTSteps 617-624-6060**

Referrals to home visiting programs for parenting education and support, child health and development screening, and other services. Programs are located in certain communities; some programs offer other languages.

**Grandparents Raising Grandchildren 617-727-7750**

Referrals to support groups for grandparents raising their grandchildren; free resource directory  
Languages: Spanish

**Massachusetts Committee for Children and Youth 1-800-CHILDREN**

Information about child abuse prevention

ALWAYS OPEN

**Massachusetts Family Network 1-800-447-8844 (voice/TTY)**

Parent education, home visits, health and developmental screening, play groups, child care and transportation for families with children birth - 3 years old. Some programs offer other languages.

**Massachusetts Mothers of Twins Association 781-646-TWIN**

Referrals to support groups and programs for parents with multiple births

**Massachusetts Society for the Prevention of Cruelty to Children 1-800-442-3035**

Information and referrals to child abuse prevention and home visiting services

**Open Door Society 1-800-932-3678**

Support for adoptive families and for people who want to learn about adoption

**Parental Stress Line 1-800-632-8188**

Confidential counseling, support and information for parents

Languages: Spanish

ALWAYS OPEN

**Parents Anonymous 1-800-882-1250**

Telephone counseling and referrals to confidential support groups for parents

**Success By 6 Parent Line 617-421-1789**

Pre-recorded parenting tips and referrals, see pages 170-171 for topics

Languages: Spanish

ALWAYS OPEN

**Tough Love International 1-800-333-1069**

Support and parenting skills for parents of teenagers

## **CHILD CARE AND EARLY EDUCATION**

**Child Care Resource and Referral Network 1-800-345-0131**

Information on child care including how to choose a provider, lists of licensed child care providers in your area, and programs that help pay for child care

Languages: Some Spanish available

**Head Start/Administration for Children and Families 617-565-1128**

Referrals to Head Start programs for children 3 - 5 years old

**Massachusetts Department of Education 781-388-3300 ext. 357**

Information on early childhood programs

Languages: English

**Office of Child Care Services 617-626-2000**

State agency that monitors and licenses child care programs; receives complaints and sends reports of proven complaints against a provider

**Parents United for Childcare 617-426-8288**

Advocacy and referrals for child care

Languages: Spanish, Portuguese, Tagalog

## DISABILITY SERVICES

### **Adaptive Design Services 413-585-1153**

Adapts equipment to individual needs when adaptation is not commercially available

### **Assistive Technology Center of United Cerebral Palsy of Berkshire County**

**413-447-9555**

Resource center, assistive technology specialist, mobility clinic and equipment loan program

### **CAST: Center for Applied Special Technology 978-531-8555**

Technology for individuals with disabilities, including clinical evaluation, advocacy for inclusion in schools, and use of adaptive devices

### **Federation for Children with Special Needs 1-800-331-0688, 617-482-2915 (TTY)**

Advocacy and service referrals for children with special needs and their parents or guardians

Languages: Spanish

### **Hearing Evaluation and Hearing Aid Programs 1-800-882-1435, 617-624-5992 (TDD/TTY)**

Information and referrals for infants and toddlers for complete hearing evaluations; evaluations and hearing aids for uninsured children from birth through 21

### **March of Dimes 781-762-4747**

Materials in English and Spanish on genetic services, birth defects, and children with special needs

### **Massachusetts Assistive Technology Partnership Center 1-800-848-8867 (voice/TDD)**

Information on assistive technology products, services, and funding sources for people with disabilities

Languages: 140 through the AT&T Language Line

### **Massachusetts Easter Seals 1-800-922-8290, 1-800-564-9700 (TTY)**

Referrals for disability services and information on loans for car safety devices, assistive technology and equipment for children with temporary or chronic disabilities

**Massachusetts Office on Disabilities 1-800-322-2020**

Information, referrals and advocacy for people with disabilities

**Massachusetts Advocacy Center 617-357-8431**

Advocacy for children needing special education services

**Massachusetts Department of Public Health Case Management**

Case management, support, and technical assistance to help parents of children with special health care needs to get services from public and private agencies

Southeast Region: 508-947-1231

Greater Boston Region: 617-727-0747

Western Region: 413-586-7525

Northeast Region: 978-851-7261

Central Region: 508-792-7880

MetroWest Region: 781-828-7700

Languages: Spanish

**MASSTART (Massachusetts Technology Assistance Resource Team)**

**617-624-5978; 617-624-5070**

Information, resources, training and technical assistance for parents, school staff and health care providers about medical technology and the health needs of children assisted by medical technology while in school

**MBTA Transportation Access 617-222-5123**

Information on accessible transportation services for disabled persons in the Greater Boston area

**New England INDEX 781-642-0248 (voice/TDD)**

Referrals to physicians, consultants, multilingual consultants, and technical assistance

Languages: Spanish, other languages available at certain times

**PKU Special Dietary Food and Formula Program 1-800-882-1435, 617-624-5992 (TDD/TTY)**

Special food and formula for uninsured children with PKU and other related metabolic conditions

**SEEK: Special Equipment Exchange Catalog 413-323-7368**

Help with exchanges of special needs equipment

**SHARE Foundation: Society for Human Advancement through Rehabilitation**

**508-999-8482**

Evaluation, equipment and services for people with physical disabilities

## **JOBS AND TRAINING**

**Division of Employment and Training 617-626-6600, 617-727-6156 (TTY)**

Job listings and employment training programs

Languages: Some languages available at certain times

**Higher Education Information Center 617-536-0200**

Information and advice on educational and career opportunities and sources of financial aid

**Mass Adult Literacy Hotline 1-800-447-8844**

Information and referrals for adult learners for English as a Second Language (ESL), General Education Development (GED) Certificate, family literacy and support programs, and citizenship classes

Languages: Spanish

**Massachusetts Coalition for Occupational Health and Safety (MassCOSH)**

**617-524-6686**

Information and training on workplace health and safety issues and workers' rights to safe workplaces

Languages: Spanish

**Mass Jobs 617-348-5930**

Employment and training for consumers of the Department of Transitional Assistance

Languages: Spanish

## ADVOCACY AND ACTION

### **Citizen Information Line 1-800-392-6090**

Information about state agencies and programs

### **Federal Information Center 1-800-688-9889**

Information about federal agencies and programs

Languages: Spanish

### **Massachusetts Immigrant and Refugee Advocacy Coalition 617-350-5480**

Information about immigration laws and support for people looking to become citizens

### **Office of Refugees and Immigrants 617-727-7888**

Information and referrals for refugees and immigrants

Languages: Some languages available at certain times

### **State Representatives and Senators 617-722-2000; 617-722-2539 (TDD)**

Call to contact your local representatives about issues that concern you

### **United Way of Massachusetts Bay Voluntary Action Center 617-624-8186**

Local and state volunteer opportunities

## GLOSSARY

**advocacy** helping people to get the services they need

**Cesarean delivery** surgery to deliver a baby

**child development** how a child grows and changes

**childproof** to make a place safe for young children

**chronic** lasting for a long time

**circumcision** surgical removal of skin from the tip of the penis

**colostrum** special breastmilk a mother makes for the first 2-3 days

**community health center** a health center that provides primary care services

**constipation** when bowel movements are very hard and do not come regularly

**contagious** when a disease is spread from one person to another by direct or indirect contact

**convulsions** uncontrollable shaking or stiffness of the muscles

**CPR (cardio-pulmonary resuscitation)** getting the heart and lungs working again after someone has stopped breathing

**dehydrated** when the body does not have enough fluid; often caused by diarrhea or vomiting

**fluoride** element needed in small amounts to prevent tooth decay; often added to water supply

**eligible** meeting certain requirements for receiving services

**health insurance** a plan that helps pay for health care

**HMO (Health Maintenance Organization)** a health care plan of doctors and other medical specialists that provides health care services and referrals

**immunization** medicine given to protect your child from getting certain diseases

**infection** an illness or condition caused by germs

**jaundice** a problem caused by the liver not working right, and the skin and white part of the eyes look yellow

**lead poisoning** when a person eats, drinks, or breathes in too much lead

**parenting education** classes for learning how to take care of and understand your child

**postpartum** the time after the birth of a baby

**premature** when a baby is born 3 or more weeks before the due date

**primary care** the regular health care your child gets from a doctor or nurse, such as immunizations, tests, treatments, and referrals

**rectal** in the opening between the buttocks

**referral** information and recommendation for services

**reflexes** an inborn response to something

**screening** testing for possible problems

**separation anxiety** a feeling of being scared or anxious when a parent or regular caregiver leaves

**SIDS (Sudden Infant Death Syndrome)** the unexplained death of a healthy baby

**temperament** personality, such as shy, happy, or easy-going

**tuberculosis** a disease of the lungs that can be spread from one person to another

**well-child visit** regular visits to the doctor or nurse when your child is healthy to prevent problems or treat them right away

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## REMINDER FOR WELL-CHILD VISITS

Write in your child's next check-up here.

### Well-child visit

Date

Time

First week

One month

Two months

Four months

Six months

Nine months

One year

15 months

18 months

Two years

Three years

Four years

Five years

Six years

Seven years

**Always remember to bring your child's immunization record!**

# **Massachusetts Lifetime Health and Vaccination Record**



## IMPORTANT PHONE NUMBERS

Doctor or Clinic Name

Phone Number

*If you change doctors, write your new doctor's name here.*

Doctor or Clinic Name

Phone Number

Doctor or Clinic Name

Phone Number

Pharmacy

Family member or friend to call in case of emergency

Emergency 911

Poison Control 1-800-682-9211

Parental Stress Line 1-800-652-8188

SIDS Hotline 1-800-641-7457

Police

Fire

Home Visitor

Parent Support Group

Other Important Numbers

